



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Stamford Family YMCA Financial Assistance Application

## DOCUMENTS REQUIRED FOR APPLICATION

We require verification of your income before we can offer you financial assistance. All information will remain confidential. Please allow us time to review your information and contact you regarding your application. Below are the steps to be sure your application will be reviewed and considered for financial assistance.

### Required Documentation Checklist (please submit a copy, not original)

\_\_\_\_\_ Most Recent Tax Return (1040 and W2)

\_\_\_\_\_ Child support documentation (if applicable)

\_\_\_\_\_ Two most recent paystubs (spouse/ other adult in household if applicable)

\_\_\_\_\_ Unemployment documentation (If applicable)

\_\_\_\_\_ Copy of Photo ID

\_\_\_\_\_ Personal reference or letter from church or agency verifying your particular situation

### YMCA Financial Assistance Process

- 1) Read and complete all sections of the application form.
- 2) Submit all necessary documentation and fill out the entire Stamford Family YMCA Financial Assistance Application.
- 3) Return full application to membership desk. Please make sure you specify what type of financial assistance you are applying for (membership, programs, summer camp).
- 4) Stamford Family YMCA Financial Assistance Committee review application and contact applicant regarding application.
- 5) You will receive response from a YMCA Director at the end of the month regarding status.

# Stamford Family YMCA Financial Assistance Form:

## APPLICANTS INFORMATION:

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_ F \_\_\_ DOB \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email \_\_\_\_\_ Current Marital Status \_\_\_\_\_

Have you applied for Stamford Y aide before? \_\_\_\_\_ If so, when? \_\_\_\_\_

## OTHER FAMILY MEMBERS IN HOUSEHOLD

Total # of People in Household: \_\_\_\_\_

Spouse (or other adult) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

## I AM APPLYING FOR ASSISTANCE FOR MEMBERSHIP: (circle one or leave black if you don't want membership)

Membership:      Adult    Family    Single Parent Family    Youth    Teen    Senior

## I AM APPLYING FOR FINANCIAL ASSISTANCE FOR YMCA PROGRAMS: (if none, just leave blank)

*For Youth Programs, you may apply on a per session basis. For After School Programs, you must apply at the beginning of every school year. For Summer Camp 2013, applications are being accepted March 1<sup>st</sup>, 2013 summer camp financial assistance applications must be submitted every year.*

\_\_\_\_\_  
Name of Participant #1                      YMCA Program: list exact program                      Session & Exact Dates

\_\_\_\_\_  
Additional Info

\_\_\_\_\_  
Name of Participant #2                      YMCA Program: list exact program                      Session & Exact Dates

\_\_\_\_\_  
Additional Info

\_\_\_\_\_  
Name of Participant #3                      YMCA Program: list exact program                      Session & Exact Dates

\_\_\_\_\_  
Additional Info

**Employment Information:  
Applicant**

\_\_\_\_\_  
Employers Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Years Employed

\_\_\_\_\_  
Monthly Income

\_\_\_\_\_  
Yearly

**Spouse (or other adult)**

\_\_\_\_\_  
Employers Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Years Employed

\_\_\_\_\_  
Monthly Income

\_\_\_\_\_  
Yearly

**Monthly Income/ Expense Worksheet (must submit documentation in addition to all expenses/ income listed)**

**Income: Monthly Amounts Only**

**Expenses: Monthly Amounts Only**

\$\_\_\_\_\_ Gross Monthly Income

\$\_\_\_\_\_ Rent/ Mortgage (circle one)

\$\_\_\_\_\_ Other Adults Monthly Income

\$\_\_\_\_\_ Auto Payments

\$\_\_\_\_\_ Child Support

\$\_\_\_\_\_ Utilities/ Phone

\$\_\_\_\_\_ Alimony

\$\_\_\_\_\_ Groceries/ Food

\$\_\_\_\_\_ Welfare

\$\_\_\_\_\_ Child Support

\$\_\_\_\_\_ Food Stamps

\$\_\_\_\_\_ Medical

\$\_\_\_\_\_ Unemployment

\$\_\_\_\_\_ Child Care

\$\_\_\_\_\_ Social Security

\$\_\_\_\_\_ Alimony

\$\_\_\_\_\_ Other (please explain)

\$\_\_\_\_\_ Other (please explain)

What's the maximum you can pay towards the total fees? Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

**Reason for Applying: (please explain)**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE