



**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

WE ARE HERE FOR YOU

Financial Assistance Application





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The YMCA of Southern Indiana is a non-profit community-based organization committed to helping people grow in spirit, mind and body. The Y believes that its programs and services should be available to everyone regardless of age, background, ability or income. It is in this spirit that the Y offers financial assistance to families and individuals who need assistance in participating in Y programs and membership. Eligible participants will be notified via phone call within one week of returning the completed application and required documentation. Participants will be asked to pay a portion of the membership/programs based on the Y's sliding fee scale. Thank you for applying.

Instructions:

The application process is easy and confidential

1. Complete the application
2. Gather the required documentation listed below
3. Bring the documentation & application to the Courtesy Counter at the Clark or Floyd County branch.

Required Documentation

Application
Proof of income for all household members
Proof of residency for all additional adults in household

Notification of Approval

You will receive a phone call within one week of returning your application notifying you whether or not you have been approved for assistance. Your application must be completed and all materials provided before it can be reviewed.

Questions

Childcare Services: Meredith Clipp-Rodriquez | mclipp@ymcasi.org | (812) 283-9622 Ext: 115

Membership Services:

Clark County branch | Jenn Howard | jhoward@ymcasi.org | (812) 283-9622 Ext: 114

Floyd County branch | Paula Lomax | plomax@ymcasi.org | (812) 283-9622 Ext: 222

Thank you for submitting your application and we look forward to serving you soon.

For what program are you seeking assistance? (Check all that apply)

- Membership:** ___ Youth ___ Adult ___ Senior ___ Two Person ___ Family
Community Wide option: ___ Yes ___ No
- Childcare:** ___ Kids Square ___ Summer Day Camp
___ Before/After School Care: School attending _____
- Youth Sports & Aquatics**

Please **complete all questions** in full and attach the necessary documents and return to the Clark or Floyd County YMCA. Prior account balances must be paid in full at the time the membership is activated.

Please print.

Date of Application:

Are you a new applicant or re-applying? New Applicant Re-applying

Applicant's Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Address type: Single Family Apartment Group Home Other

Birth date _____ Age _____ Home Phone _____ Cell Phone _____

Your present gross annual income level is:

- Under \$16,000 \$16,000 to \$19,999 \$20,000 to \$24,999 \$25,000 to \$29,999
- \$30,000 to \$34,999 \$35,000 to \$39,999 \$40,000 to \$44,999 \$45,000 to \$44,999
- \$50,000 to \$54,000 \$55,000 to \$60,000 Over \$60,000

If you are applying for a Family Membership, please list all the family members you wish to include in your Family Membership. Note: Family Membership includes two adults with or without dependent children (a dependent is considered an adult 25 years or under and enrolled in school), living together as a family unit.

Name	Birth Date	Male/Female	Relationship to Applicant
1.			
2.			
3.			
4.			
5.			
6.			

How can the Y impact you and your family (feel free to use more paper if you run out of space)?

Please mark your income source & MONTHLY amount from each source: Please be sure to be very thorough. This information will be required for each adult in the household. Additional worksheets are available upon request.

Income Source	Monthly Amount: Adult 1	Monthly Amount: Adult 2	Proof of Income Must be Attached
Employment	\$	\$	2 Most recent paycheck stubs or statement signed by employer with gross wages, or <i>Work One</i> documentation if unemployed

If a College Student and not employed	\$	\$	Letter showing monthly grant &/or scholarship award &/or copy of current school schedule
If receiving Alimony/Child Support	\$	\$	Checks, printout from the child support office or bank deposit
If receiving Disability, Veteran's Benefits, Worker's Comp., Social Security, and SSI	\$	\$	Award letters or bank statements showing direct deposits or copy of the check(s)
If receiving Unemployment Compensation	\$	\$	Unemployment statement or weekly benefit computer printout or award letter
If Self Employment, or receiving Rental Income	\$	\$	Most recent Federal Tax Return. If you did not file taxes last year, call your Service Provider to get the form you need.
If receiving Food Support	\$	\$	Documentation from County or Disbursement History Statement
If receiving disbursement - 401K, Pension or Retirement payments	\$	\$	Benefit check(s) or a statement or an award letter
Total Gross Monthly Income	\$	\$	Are all required documents attached? ___ Yes ___ No

Please Read:

I certify that all information in this application and all income verification statements provided are true and complete to the best of my knowledge. Any false statements, omissions on this application or failure to report changes in your income status are grounds for revocation of the financial assistance. I understand that all applications must be renewed every 6 months and failure to do so may result in the revocation of the financial assistance.

Please sign that you have read and understand the above information.

Signature of Applicant _____ Date application was submitted _____

For Office Use Only

Membership Type: _____ Joining Fee: _____ Monthly Fee: _____ Date Approved: _____ Date Expired: _____

Contacted on: _____ Contacted by: _____