

Financial Assistance Application



Burlington Area Community YMCA-YWCA

2410 Mt. Pleasant Street

Burlington, IA 52601

(319) 753-6734

www.burlingtony.org

PLEASE READ BEFORE COMPLETING APPLICATION

- This Application must be completed in full and submitted with the following documents to be processed.
 - Copy of most recent Income Tax Return
 - Two consecutive pay stubs from each employed family member
 - Unemployment, Social Security, Veterans, Retirement and/or Pension benefit statements
 - Child or Spousal support
 - Verification of any assistance received (example: FIP, Food stamps, etc.)*
 - Proof of dependent children*
- If this application is approved, a household, adult or college membership is granted for 6 months; a youth membership is granted for 12 months. Adults must use the YMCA-YWCA a minimum of 8 times per month during the membership period, or membership will be terminated. If membership is terminated, you must wait a minimum of 6 months before reapplying.

The YMCA-YWCA is not responsible for returning any documentation that accompanies this application.

Please ensure that you have kept all of your original documents.

**Can be obtained from DHS Office*

To be completed by YMCA-YWCA staff

Name _____

Approved for _____

Percentage applied _____

Notified _____

Amount paid by the YMCA-YWCA _____

Initial _____

What kind of membership would you like?

Check the line next to the membership type you would like to apply for: (please read descriptions before choosing option)

Youth 1 (ages birth through 8th grade)

Youth 2 (high school student)

College (minimum 12 credit hours – proof of credit hours must be provided)

Adult

Single Parent Household (only 1 adult living in household and any minor children living in household claimed as a dependent)

Household (2 adults in same household and minor children living in household and claimed as a dependent)

Senior (62 or older)

Senior Household (at least one adult must be 62 or over)

About You: (provide legal name as it appears on ID)

Name: _____ Street Address: _____
 (first) (m) (last)

Telephone number: _____ City: _____

Date of Birth _____ State: _____ Zip Code _____

People in Your Home:

List all the people who live in your home and mark the box yes or no if you are applying for that person to be a member.

Applying for membership Yes/No	Name First, Middle, Last Please provide legal name	Relationship to you	Date of Birth	Grade in school

Proof of income is required: This application must be completed in full and submitted with the following documents to be processed. We will not process application without all information being submitted.

1. Copy of most recent Income Tax Return.
2. Two consecutive pay stubs from each employed family member.
3. Unemployment, Social Security, Veterans, Retirement and/or pension benefit statements
4. Child or Spousal support
5. Verification of any assistance received (example: FIP, Food Stamps, etc.)*
6. Proof of dependent children*

*(Can be obtained from DHS Office)

If this application is approved, a household, adult or college membership is granted for 6 months. A youth membership is granted for 12 months. Adults must use the YMCA-YWCA a minimum of 8 times per month during the membership period. If you do not use the Y the minimum number of times, you will be required to wait at least 6 months before reapplying. The YMCA-YWCA is not responsible for returning any documentation that accompanies this application. Please ensure that you have kept all of your original documents.

Income Information: You must provide information for **ALL** household members (even if they do not want membership)

Who in your household works?	Employer Name?	How much is this person paid per hour?	How many hours does this person expect to work each week?	How often is this person paid?	Does this person get tips?
		\$ _____	Regular Hours: _____ Overtime Hours: _____	___ Weekly ___ Every 2 weeks ___ Twice a month ___ Monthly ___ Other (explain)	___ Yes Weekly amount \$ _____ ___ No
		\$ _____	Regular Hours: _____ Overtime Hours: _____	___ Weekly ___ Every 2 weeks ___ Twice a month ___ Monthly ___ Other (explain)	___ Yes Weekly amount \$ _____ ___ No
		\$ _____	Regular Hours: _____ Overtime Hours: _____	___ Weekly ___ Every 2 weeks ___ Twice a month ___ Monthly ___ Other (explain)	___ Yes Weekly amount \$ _____ ___ No
		Total \$ _____			

Financial Aid:

What financial aid or other assistance do you or anyone in your household receive? (Please provide documentation)

1. Food stamps ___yes _____ amount ___No
2. Housing ___yes _____ amount ___No
3. Utilities ___yes _____ amount ___No
4. FIP ___yes _____ amount ___No
5. Social Security ___yes _____ amount ___No
6. Unemployment ___yes _____ amount ___No
7. Veterans ___yes _____ amount ___No
8. Retirement ___yes _____ amount ___No
9. Pension Benefit ___yes _____ amount ___No
10. Child Support ___yes _____ amount ___No
11. Student Loans ___yes _____ amount ___No
12. Any additional ___yes _____ amount ___No (Include odd jobs, help from other people, etc.)

If you are claiming that you have no monthly income in dollars and/or no aid, please include an explanation of how you pay monthly expenses such as telephone, rent, vehicle expenses, utilities, etc. Application will not be considered if not included.

You must provide income verification documentation for all income listed, along with most current year Internal Revenue Service Tax Statement, W-2, and/or your SSI allocation statement to verify your annual earnings. You must also provide proof of dependent children along with proof of amount of child support you receive. Food stamp or FIP statement can be obtained at: DHS Office 1000 N. Roosevelt.

SSI statement letter can be obtained from the Social Security Office, 3012 Division.

Financial Assistance Application Agreement

I understand that the adult or household membership will be for 6 months and youth membership will be for 12 months, and that renewal requires re-application. I understand that this is a general physical membership only and does not include Health Services Center membership. Class fees will be my responsibility. I understand if I do not use the YMCA-YWCA facility a minimum of 8 times per month during the membership period, membership will be terminated. If membership is terminated, I must wait a minimum of 6 months before reapplying.

I certify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA-YWCA in 30 days. If I submit false or inaccurate information, or fail to notify the YMCA-YWCA in 30 days, I may be terminated from this program.

In addition, the Burlington Area Community YMCA-YWCA reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse, is a registered sex offender, habitually or excessively use narcotics or dangerous drugs; has ever been convicted or any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs; or continuous or excessive use of intoxicating beverages.

Applicant Signature

Date

Please allow a minimum of three weeks before this application can be processed and approved (or denied) by the YMCA-YWCA. You will be contacted in writing from the YMCA-YWCA as to the status of this application. If you have any questions, please feel free to contact the Membership Coordinator at 753-6734, Ext. 113.

Shaping the Lives of Everyone

