

# Financial Assistance Application



## Burlington Area Community YMCA-YWCA

2410 Mt. Pleasant Street

Burlington, IA 52601

(319) 753-6734

[www.burlingtony.org](http://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.

To be completed by YMCA-YWCA staff

Name \_\_\_\_\_

Approved for \_\_\_\_\_

Percentage applied \_\_\_\_\_

Notified \_\_\_\_\_

Amount paid by the YMCA-YWCA \_\_\_\_\_

Initial \_\_\_\_\_

# Applicant Information

Type of Membership for which assistance is requested. Please check one.

- Youth I (Birth to 8<sup>th</sup> Grade)    
  Youth II (9<sup>th</sup>-12<sup>th</sup> Grade)    
  College (12 credit hours)  
 Adult    
  Single Parent Household\*    
  Household\*

\* **Single Parent Household** is for a family with no second adult living in household

\* **Household** membership is for 2 adults living in the same household. Included in a household membership are children up to the age of 18 living in that household and claimed as dependents. Children in college working on their undergraduate degree (12 credit hours), which are still dependent, are also eligible. College schedule must be provided.

## Primary Adult

Last Name \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 First Name (Legal) \_\_\_\_\_ Length of Employment \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 City, State, & Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Male/Female \_\_\_\_\_

## Spouse or 2<sup>nd</sup> Adult

Last Name \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 First Name (Legal) \_\_\_\_\_ Length of Employment \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 City, State, & Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Male/Female \_\_\_\_\_

## Household Members

Dependent/Children's Names	M/F	Date of Birth	Relationship	School	Grade

If only applying for youth memberships, please indicate names of youth(s) \_\_\_\_\_

Have you ever applied for financial assistance before at the YMCA-YWCA? If yes, which YMCA-YWCA and for how much? \_\_\_\_\_

Are you currently disabled or unable to work? If so, please explain. \_\_\_\_\_

Are there extenuating circumstances that you would like to share?

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## Income Information

- Include total income for all household members
- Attach all income verification documentation

*Failure to list all income and include income verification documentation will result in denial of financial assistance.*

How much **Income** does your household earn in Wages, Salaries, and/or Tips in one month? \$ \_\_\_\_\_

How much **Unemployment** Compensation does your household receive in one month? \$ \_\_\_\_\_

How much **Social Security** Compensation does your household receive in one month? \$ \_\_\_\_\_

How much does your household receive in **Child Support** in one month? \$ \_\_\_\_\_

How much **Aid to Dependent Children (FIP)** does your household receive in one month? \$ \_\_\_\_\_

How much in **Food Stamps** does your household receive in one month? \$ \_\_\_\_\_

How much **Alimony** does your household receive in one month? \$ \_\_\_\_\_

How much **Housing Expense Funding** does your household receive in one month? \$ \_\_\_\_\_

Is there any **Additional Income** your household receives? If so, please list a description and the amount.

\_\_\_\_\_ \$\_\_\_\_\_ \_\_\_\_\_ \$\_\_\_\_\_

What is your **Total Gross Income** in one month? \$ \_\_\_\_\_

What is the dollar amount you are willing to pay or have the ability to pay each month? \$ \_\_\_\_\_

You must provide income verification documentation for all income listed above along with last year's Internal Revenue Service Tax Statement, W-2, and/or your SSI allocation statement to verify your annual earnings.

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.

All Income Documentation must be provided for this application to be processed.

# 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.

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Applicant Signature

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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

