

Program Financial Assistance Application

Funding for our program assistance has been provided by our Strong Kids Annual Giving Campaign



Burlington Area Community
YMCA-YWCA
2410 Mt. Pleasant Street
Burlington, IA 52601
(319) 753-6734
www.burlingtony.org

To be completed by staff:
Date Received _____
Staff Initial _____

How to Apply

Follow these instructions carefully to prevent delay in processing your application:

- 1) You must be a current Y member to apply. If you need Membership Financial Assistance, please complete the YMCA-YWCA Membership Financial Assistance Application.
- 2) Include any documentation on changes to your income since filling for Financial Assistance Membership.
- 3) Applications must be turned in a minimum of 3 weeks prior to the start of class or program registration.
- 4) Return completed application and copies of all income documentation to the Burlington Area Community YMCA-YWCA. If current documentation (within past 6 months) is on file at the YMCA-YWCA, you do not need to supply additional paperwork.

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.

Applicant Information

Specific class for which assistance is requested: _____

Program Participant's Information

Last Name _____

Parent's Place of Employment _____

First Name (Legal) _____

Length of Employment _____

Address _____

Work Phone _____

City, State, & Zip _____

Date of Birth _____

Home Phone _____

Male/Female _____

Include all members that live in household. (List last name if different from above)

Names	M/F	Date of Birth	Relationship	Grade

Have you ever applied for financial assistance before at the YMCA-YWCA? Yes No

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? _____

Income Information

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

- Include total income for all household members
- Attach all income verification documentation (see front page)
- Complete the following:

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? \$ _____

I certify that all of 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 20 days, I may be terminated from this program. I understand that late registration will result in late fees being added to the program cost.

Applicant Signature

Date

Shaping the Lives of Everyone



To be completed by YMCA-YWCA staff

Name _____

Approved for _____

Percentage applied _____

Notified _____

Amount paid by the YMCA-YWCA _____

Initial _____