

FINANCIAL ASSISTANCE APPLICATION AGREEMENT



2020 Financial Assistance Application

BURLINGTON AREA YMCA

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

I understand that once approved, my financial assistance membership will be good for 12 months, and that renewal requires re-application, **I understand that this is a general physical membership only and does not include the Health Services Center membership.** Class fees will be my responsibility.

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

In addition, the BURLINGTON AREA YMCA 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 up to two weeks** before this application can be processed and approved (or denied) by the YMCA. If you have any questions, please feel free to contact Paige Seward at 319-753-6734 or paige@burlingtony.org.

The Y: We're for youth development, healthy living and social responsibility.



PLEASE READ BEFORE COMPLETING APPLICATION

Applicant: please initial if you have read this

- **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, all membership types are granted for 12 months.

The YMCA is not responsible for returning any documentation that accompanies this application. Please ensure that you have kept all of your original documents. The YMCA is also not responsible for obtaining assistance documentation; this is the responsibility of the applicant.

*Can be obtained from DHS Office

To be completed by YMCA staff		Date received _____
Name _____	Approved for _____	
Percentage applied _____	Notified _____	
Amount paid by the YMCA _____	Initial _____	

What kind of membership would you like? Check only 1 Box

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

- 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: _____

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	Is this person in school? If so, what grade?
		Applicant		

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, all adult, household and senior memberships are granted for 12 months. **The YMCA 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: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain)	<input type="checkbox"/> Yes Weekly amount \$ _____ <input type="checkbox"/> No
		\$ _____	Regular Hours: _____ Overtime Hours: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain)	<input type="checkbox"/> Yes Weekly amount \$ _____ <input type="checkbox"/> No
		\$ _____	Regular Hours: _____ Overtime Hours: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain)	<input type="checkbox"/> Yes Weekly amount \$ _____ <input type="checkbox"/> 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 560 Division St #200. SSI statement letter can be obtained from the Social Security Office, 3920 Division

