



Program Financial Assistance Application

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

How to Apply

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

- 1) Complete YMCA financial assistance application.
- 2) Include documentation of household income.
 - a. Copy of most recent Income Tax Return.
 - b. Two consecutive pay stubs.
 - c. Unemployment, Social Security, Veterans, Retirement and/or Pension benefits statements.
 - d. Child or spousal support.
 - e. Verification of any assistance received. (example: FIP, food stamps)
- 3) Return completed application and copies of all income documentation to the Burlington Area YMCA, 2410 Mt. Pleasant St., Burlington, IA 52601. (The YMCA is not responsible for returning any documentation that accompanies this application. Please ensure that you have kept all of your original documents.)

Applicant Information

Type of program for which assistance is requested: _____

Child's Name

Please print clearly

(01) Last name _____ First name _____

Address _____ City, State & Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Male/Female _____

Parent place of employment _____ How Long? _____

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

| Names | M/F | Date of Birth | Relationship | Grade |
|-------|-----|---------------|--------------|-------|
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Have you ever applied for financial assistance before at the YMCA? Yes No

If yes, which YMCA 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 (excessive medical expenses, unemployment, etc.)?

Monthly Household Income

- 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.

Gross monthly amount

| | |
|---------------------------------|----------------|
| Wage, salaries, and tips | \$ _____/month |
| Unemployment compensation | \$ _____/month |
| Social Security compensation | \$ _____/month |
| Child Support | \$ _____/month |
| Aid to Dependent Children (FIP) | \$ _____/month |
| Food Stamps | \$ _____/month |
| 401K/Retirement Funds | \$ _____/month |
| Alimony | \$ _____/month |
| Other | \$ _____/month |

TOTAL GROSS MONTHLY INCOME \$ _____

(Gross income is the total income before taxes or expenses are deducted.)

Parent Signature

What is the dollar amount that you are willing to pay for the program? _____

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.

Signature of Applicant

Date

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

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



To be completed by YMCA staff

Name _____

Percentage applied _____ Approved for _____

Amount paid by the YMCA _____ Notified _____ Initial _____