



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance Application

Directions for Financial Assistance:

1. Fill out this financial assistance packet and return to the YMCA of Marquette County front desk. Please include information for everyone in the household.
2. Gather proof of ANY and ALL income and assistance coming into the household. This may include but is not limited to:
 - Income Tax Return
 - Required from the most current filing year, pages 1 & 2 (IRS form 1040, 1040A, etc); self employed individuals must include schedule C. Even if your circumstances have significantly changed in the last year, this will be required for reference.
 - Salary/Wages
 - The last 30 days of paystubs are required for ALL employed members of the household. A bank statement can be used as an alternative to paystubs if the household member uses direct deposit.
 - If you are self employed, you must provide a bank statement and a 1080 form.
 - Child Support/Alimony
 - Include proof of legal agreement or court order showing alimony and child support amounts to be received per month.
 - Food Assistance
 - Documentation must indicate the name of the person receiving assistance and the dollar amount received each month.
 - Family and Friends
 - If you are receiving assistance from a friend or family member, please provide a signed letter from the person stating how much you are receiving each month.
 - SSI, Disability, Unemployment, Cash Assistance
 - Please provide a current Social Security award benefit letter, a SSI disability letter, retirement, unemployment or other government subsidy letter.

Applications received without the above documentation attached will be returned unprocessed.

3. **Write your story.** Our financial assistance program is funded by donor dollars and stories are used during our annual campaign to encourage community members to donate. Your name and identifying information will not be used without your permission.
4. The maximum assistance given out by the YMCA of Marquette County is 70% off of membership and 50% off of select program costs. The YMCA does not give free memberships through this financial assistance program.
5. Once approved for financial assistance, you must reapply if another adult joins your household.

6. Your information will be kept confidential. The Y will not keep any of your income documentation. This information will only be shared with Y administrative staff and directors.
7. If you would like to pay month to month for your membership you must have a credit/debit card or bank account linked to your membership. If you do not have a credit/debit card or bank account, you must pay for a minimum of 6 months in advance.
8. If your payment method is declined for insufficient funds 2 times or more during a 12 month period, your financial assistance will be suspended for a minimum of 6 months. After the suspension period, you may reapply for assistance. Each declined payment will result in a \$20 return fee. It is the member's responsibility to notify the Y of any changes to their billing information.

By signing below you acknowledge and agree to the above guidelines, and being in harmony with the mission statement of the YMCA of Marquette County, hereby apply for the Financial Assistance Program.

Signature _____ Date _____

Applicant Information

Last Name:		First Name:	
Address:	City:	State:	Zip Code:
Phone Number:		Email:	

Dependents Living in Household (Please list all children up to age 24 & adults in your household)

#	Name	Date of Birth	Employed (yes/no)
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

Monthly Household Income

Monthly Gross	Applicant	Spouse
Salary <small>(Please indicate when you get paid and how much per pay period)</small>	<input type="checkbox"/> Weekly \$ _____	<input type="checkbox"/> Weekly \$ _____
	<input type="checkbox"/> Every 2 Weeks \$ _____	<input type="checkbox"/> Every 2 Weeks \$ _____
	<input type="checkbox"/> Monthly \$ _____	<input type="checkbox"/> Monthly \$ _____
Child Support <small>(Monthly Payment)</small>	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Housing	\$ _____	\$ _____
Cash Assistance	\$ _____	\$ _____
SSI	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
School Overage/Grants <small>(Amount received after total tuition cost is paid)</small>	\$ _____	\$ _____
Other Income	\$ _____	\$ _____

Total amount I can afford to pay each month: \$ _____

Membership or Program Information

Please check one of the following: <input type="checkbox"/> First Time Application <input type="checkbox"/> Renewal	<input type="checkbox"/> Yes, I am interested in volunteering in the following area(s):
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I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or dependant status. I understand that false information could jeopardize my financial assistance.

The YMCA reserves the right to inquire of your current financial situation in order to insure that our donor dollars are being allocated in an appropriate manner.

 Signature of Applicant _____
Date