



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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## YMCA OF THE PALOUSE FINANCIAL ASSISTANCE APPLICATION

### SECTION 1. APPLICATION INSTRUCTIONS

1. Complete all sections of the application. Ensure the form has been signed and dated.
2. Provide proof of household income:
  - a. Attach a copy of your most recent tax return (Form 1040, pages 1 & 2) for all adults listed on the application.
  - b. If your current household income has changed since your most recent taxes, or if you did not file federal taxes for the last year, please provide checking account statements for the last three months that verify current household income.
3. Attach any additional documents that prove special circumstances.
4. Return this application to the YMCA of the Palouse office at 105 NE Spring St. Pullman, WA 99163.
5. Assistance expires after each semester/program. Please reapply for further assistance.
6. **Applications that are incomplete or do not have correct/sufficient information will not be processed.**
7. **Please allow at least two weeks for processing upon complete submission.**

### SECTION 2. PROGRAM ENROLLMENT

Please specify Y program enrollment. Choose only ONE:

- 2017-2018 Elementary After School **Fall Semester**       2018 Spring Break Day Camp  
 2017-2018 Elementary After School **Spring Semester**       2018 Summer Day Camp

### SECTION 3. APPLICANT INFORMATION

Participant's Name \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

**SECTION 4. HOUSEHOLD MEMBER AND INCOME INFORMATION**

Please list all household members:

Name	Relationship to Participant	Sex	Age	Ethnicity

To qualify for Financial Assistance, provide the following documents:

<p><b>I filed federal taxes for last year</b></p> <p>↓↓↓</p> <p><input type="checkbox"/> Last year’s Federal Tax forms 1040) for all household income(s)</p>	<p><b>I did not file federal taxes for last year OR my income has changed since I filed taxes for last year</b></p> <p>↓↓↓</p> <p><input type="checkbox"/> Checking account statements for the last three months for income verification</p>
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Please list annual income from all sources:

Source	Annual Gross Income
Gross Salary (All Household Members)	\$
Child/Spousal Support	\$
Student Awards/Grants	\$
Other (ex. Unemployment, Social Security):	\$
Other (ex. TANF, Food Stamps, Disability):	\$
Total	\$

If there are special circumstances that affect your ability to pay at the discounted rate, please attach a typed explanation AND supporting documentation so that consideration may be given. An example of special circumstances is considerable medical expenses.

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 5 business days. If I submit false or inaccurate information or fail to notify the YMCA within 5 days, I may be terminated from any Financial Assistance.

Signature of Applicant

Date

Printed Name

