

# ANCHORAGE COMMUNITY YMCA

## Financial Assistance Application

Name: \_\_\_\_\_ Renewal application Y [ ] N [ ]

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact number: \_\_\_\_\_

Household size: Number of children [ ] Number of adults [ ] Program applying for: \_\_\_\_\_

**PLEASE LIST ALL PERSONS APPLYING FOR FINANCIAL ASSISTANCE**

Name	Employer/School	Age

Please provide a copy of your most recent pay stubs or last years federal income tax form 1040 or other documentation.  What was your families total gross income for <b>LAST</b> year? \$ _____	<p style="text-align: center;"><b>List all gross monthly income for all in the household</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Applicant</th> <th style="width: 20%;">Spouse/Other</th> </tr> </thead> <tbody> <tr> <td>Wages/Salary</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Child Support</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Other*</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><b>TOTAL INCOME</b></td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table>		Applicant	Spouse/Other	Wages/Salary	\$ _____	\$ _____	Child Support	\$ _____	\$ _____	Other*	\$ _____	\$ _____	<b>TOTAL INCOME</b>	\$ _____	\$ _____
	Applicant	Spouse/Other														
Wages/Salary	\$ _____	\$ _____														
Child Support	\$ _____	\$ _____														
Other*	\$ _____	\$ _____														
<b>TOTAL INCOME</b>	\$ _____	\$ _____														

Do you receive any of the following state assistance?  
 Daycare [ ] Food Stamps [ ] Social Security [ ] Disability [ ] Medical [ ] Housing [ ] WIC [ ]

**REQUIRED:** Explain *WHY* you would like to be considered for financial assistance at the YMCA. Include any special circumstances.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Financial assistance agreement**

1. Financial Assistance for membership is good for **12 months** (depending on the circumstances)
  - a. To re-apply for financial assistance you must complete a new application and provide updated information.
  - b. You may be asked to contribute more toward your membership fee each time you re-apply.
2. Your membership payment is due by the 5th of each month
  - a. If membership becomes more than 30 days delinquent, your membership will be terminated and your financial assistance revoked.
3. If your membership is cancelled for non-payment, you will need to re-apply.
  - a. You may re-apply only after a **6 month** waiting period.
  - b. When re-applying for financial assistance, you must re-submit all required paperwork to reinstate your membership.

**I certify that the above information is true and complete to the best of my knowledge and that I have read and understand the Financial Assistance Agreement.**

Signature: _____	Date: _____
Signature: _____	Date: _____

**OFFICE USE ONLY**

Process date: \_\_\_\_\_ Join fee: \_\_\_\_\_ Monthly: \_\_\_\_\_ Initial application Y [ ] N [ ] Renewal application : Y [ ] N [ ]  
 Adult [ ] Single parent [ ] Family [ ] Senior [ ] Senior family [ ]

# ANCHORAGE COMMUNITY YMCA

## Financial Assistance Application

### Check list for Membership Financial Assistance

- |    |   |     |
|----|---|-----|
| 1. | PRINT NAME  | [ ] |
| 2. | DAY PHONE   | [ ] |
| 3. | MEMBERSHIP TYPE   | [ ] |
| 4. | PAYMENT METHOD  | [ ] |
| 5. | PROOF OF INCOME   | [ ] |
| 6. | Read and sign the financial assistance agreement                  |     |
| 7. | If you are a new member please fill out a membership application. | [ ] |
| 8. | Return your completed paperwork to the Anchorage Community YMCA   | [ ] |

Attach a copy of your income verification including your most recent pay stubs or last years federal income tax return. If you receive social security, AFDC, or other subsidy payments attach a copy of your vouchers. Please do NOT provide original documentation. Verification paperwork will not be returned.

### Application process

The result of your financial aid application will be available by the 10th of each month for all applications received by the end of the prior month. We will make every attempt possible to contact the applicant regarding his/her financial assistance status; however, it is the applicants responsibility to call the membership coordinator for the results of the application. Applications will be on file for (30) days only. If the applicant has not activated the YMCA membership within that thirty days, the application will be shredded and the applicant will have to repeat the application process.

### Eligibility

1. Assistance will be granted on the basis of demonstrated financial need.
2. Need is determined through the amount of immediate dependents in the household, the total household income, and the cost of living responsibility.  
(Those not burdened with rent or mortgage will be assigned an in-kind living amount.)
3. Financial assistance is **TEMPORARY** and reviews are required every 12 months.
4. **REVIEWS:** Financial reviews are required for further financial assistance. 30 days prior to their financial assistance expiration date. Applicants will submit all requested information and documentation needed for their review. If the review is not submitted within the specific dates, your YMCA membership will be cancelled.

### YMCA Household Membership Policy

A household, for the purpose of membership at the Anchorage Community YMCA, is defined as two adults living in a household with their dependents, if any. The number of adults will be limited to two, unless other adults in the household qualify as dependents and are claimed on either of the primary adults tax return. Dependents could include full time college students, elderly parents or disabled adult children.

### Expectations-Membership

1. Financial assistance is reviewed on a regular basis. Contact the YMCA membership coordinator if any changes occur, such as financial status, phone number, address or bank information.
2. If the YMCA receives an NSF (non-sufficient funds) on your bank account, a returned payment or if your account becomes 30 days delinquent, your membership will be **cancelled**.
3. Failure to respond to a review notice will result in your membership being cancelled. You will have to wait 6 months to re-apply.
4. If you decide to cancel, you must do so within ten (10) days prior to the first.
5. Your membership ID cards must be returned at the time of cancellation.
6. Financial assistance participants have the same privileges as a full paying member.
7. Full disclosure on income verification is required. Any false or misleading information may result in automatic disqualification for the financial aid program for one year.