



## Streator Family YMCA

# Financial Assistance Paperwork

Thank you for your interest in the Streator Family YMCA. It is our goal each and every day to provide opportunities and growth for everyone in our community. In order to help you, we ask that you fill out the attached form and provide the below information for us.

Our financial assistance program provides membership and program discounts to any family whose can illustrate need.

*Please note that if you do not provide all of the below items, your application will be considered incomplete and will not qualify for financial assistance. Applications can take up to 7 business days to be reviewed.*

Please check below if item is attached:

\_\_\_\_\_ Proof of income. (Pay stubs, disability, unemployment, etc.) MUST HAVE LAST YEARS TAX RETURN. If you did not file taxes, please provide a statement of non-filing. This can be done by calling 1-800-829-1040 or by visiting [www.irs.gov](http://www.irs.gov) and clicking on "Order a Tax Return or Account Transcript."

\_\_\_\_\_ Scholarship paperwork completely filled out.

\_\_\_\_\_ \$10 cash or check for processing fee to begin application. This is a non-refundable fee. This fee is for memberships only, not programming.



2<sup>nd</sup> Adult continued

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status (Please circle): Single Married Separated Divorced Widowed

Employment Status (Please circle): Full-Time Part-Time Unemployed Retired Disabled

**Dependents on Membership. Must be a child or have guardianship to qualify. The YMCA reserves the right to ask for birth certificates or other paperwork to confirm guardianship. Full time students ages 18-23 must provide a current class schedule and a school ID to qualify.**

Dependent 1: \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Grade: \_\_\_\_\_ Relationship: \_\_\_\_\_

Dependent 2: \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Grade: \_\_\_\_\_ Relationship: \_\_\_\_\_

Dependent 3: \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Grade: \_\_\_\_\_ Relationship: \_\_\_\_\_

Dependent 4: \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Grade: \_\_\_\_\_ Relationship: \_\_\_\_\_

**In order for the Streator Family YMCA to process your financial assistance application, you must provide copies of all sources of monthly income for every person living in your home. Acceptable documentation includes last year's tax return (1040, 1040A, and 1040EZ), pay stubs, social security letter, unemployment compensation benefit letter, and bank account statements showing child support deposits.**

Please enter all monthly income in the chart below (MUST BE FILLED OUT BY APPLICANT):

Income Type	Amount	Copy Provided		Income Type	Amount	Copy Provided	
Wages, Salaries, Tips	\$	Y	N	Social Security	\$	Y	N
Unemployment	\$	Y	N	Child Support	\$	Y	N
Disability Income	\$	Y	N	Retirement Income	\$	Y	N
Food Stamps/Link	\$	Y	N	Alimony	\$	Y	N
Housing Allowance	\$	Y	N	Other Payments	\$	Y	N

Total monthly Income: \_\_\_\_\_

Do you feel you have any monthly bills or expenses that are higher than what's considered normal? Y N

If so, please list: \_\_\_\_\_

**Please initial the statements below:**

\_\_\_\_ I have provided copies of all monthly income for everyone living in my household.

\_\_\_\_ I understand if I choose to activate a membership through the financial assistance program that I agree to a one-year membership and that I will keep my account in good standing, provide a current bank account to draft the fees, and understand that if I fail to do so, I will not qualify for this program in the future. I understand that a \$25 NSF fee will be added if sufficient funds are not available through my monthly bank draft. **\*\*In special circumstances, other payment options can be discussed.\*\***

\_\_\_\_ If I choose to accept a program discount, I agree to pay the fees in full upon acceptance of this application.

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_