



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WE'RE HERE TO HELP

Financial Assistance Application Tuscarawas County YMCA

**Applicant Information**  New Application  
 Renewal

PLEASE PRINT  
Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

If under 18, parent/guardian's legal names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List All Persons Living In Household**  
Place a check mark for each family member applying for assistance

Name:	DOB:	Adult, Child, or Dependent
<input type="checkbox"/>		
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<p><b>Applying For:</b> *Financial Assistance is based on 12 months unless specified. **Please note if you are applying for Financial Assistance for Preschool, After School Care or Camps all these options require a <u>denial letter</u> from the Department of Job and Family Services.</p>	<p>YMCA MEMBERSHIP*</p> <input type="checkbox"/> Youth <input type="checkbox"/> Family-1 Adult <input type="checkbox"/> Adult <input type="checkbox"/> Family-2 Adult	<p>PROGRAM ASSISTANCE</p>	<p>Child Care**</p>
		List Program	List Program

**Financial Information**

Household Income for the past month was:  
\$ \_\_\_\_\_

Assistance currently receiving:

<input type="checkbox"/> SSI / SSDI	\$ _____	<b>TOTAL MONTHLY INCOME</b> \$ _____
<input type="checkbox"/> Food Stamps	\$ _____	
<input type="checkbox"/> Child Support	\$ _____	
<input type="checkbox"/> Rental Assistance	\$ _____	
<input type="checkbox"/> Other	\$ _____	
<input type="checkbox"/> Other	\$ _____	

**Please attach copies of the following forms, if applicable:**

<input type="checkbox"/> IRS 1040 Federal Tax Form	<input type="checkbox"/> Copy of Food Stamps Statement, Child Support, Rental Assistance or other forms of assistance
<input type="checkbox"/> 2 Current Pay Stubs	
<input type="checkbox"/> Copy of SS or SSDI Checks	
<input type="checkbox"/> Or Copy of recent bank statement showing amount of automatic monthly deposits	<input type="checkbox"/> See back of form for additional information
<input type="checkbox"/> Copy of unemployment check	

**Please read and initial all boxes.**

I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above.

I agree if necessary, to send additional information and documentation to support the above statements.

I understand that sponsoring assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others.

I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

I am aware that it is my responsibility to immediately notify the YMCA in writing of any changes to information supplied in this application that may affect my eligibility for financial assistance such as income, address, living arrangements, marital status, etc.

I understand that changes to my income may affect the amount of financial assistance that I qualify for.

I understand that failure to comply with YMCA policies can result in immediate revocation of membership, financial assistance and/or program privileges.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only    % Awarded \_\_\_\_\_    Monthly \$ \_\_\_\_\_  
Date \_\_\_\_\_    Staff ID \_\_\_\_\_

