



FINANCIAL ASSISTANCE APPLICATION

MADISON AREA YMCA

YMCA Mission Statement: The Madison Area YMCA, part of a worldwide values-driven association, inclusive of all people, provides quality programs that develop a healthy spirit, mind and body and promotes the core values of caring, honesty, respect and responsibility.

As a 501 (c)(3) nonprofit organization, we seek to assist anyone who needs us with membership and program participation. Generous donations make this possible. All assistance awards remain confidential.

INSTRUCTIONS

Please complete this form and return it to the Madison Area YMCA with proof of income, which MUST include the following (for each adult in the household):

- Two (2) years of the most recent tax returns.
- Most recent month's pay stubs (2- if paid bi-weekly; 4- if paid weekly; 1- if paid monthly) OR most recent yearly Social Security Benefits Statement for all members of the household.
- Two (2) months of all bank account statements (checking and savings).
- Lease or mortgage statement or a room rental agreement.
- Social services statements (food stamps, CFR or NJCK vouchers, Section 8 vouchers, etc., if applicable).
- Court orders that are relative to additional revenue (if applicable).
- Letter stating the need for financial assistance and a list of all monthly expenses. (Proof of expenses may be required.) The letter should also include any special circumstances that may be occurring (Including: Layoff, medical, recent family separation, job change, etc.)

PARTICIPANT INFORMATION

Name _____ Date of Birth _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Email _____

Work Status: Full-time___ Part-time___ Homemaker___ Unemployed___ Disabled___

Are you self-employed? Yes ___ No ___

Place of Employment _____ Phone # _____

Title _____ Supervisor _____

Marital Status: Married ___ Single___ Divorced ___ Separated ___ Widowed ___

Spouse's Name _____ Date of Birth _____

Spouse's Employer _____ Phone # _____

Title _____ Supervisor _____

Children's Names

1). _____ M/F Kirby Center Enrollment
 2). _____ M/F Kirby Center Enrollment
 3). _____ M/F Kirby Center Enrollment
 4). _____ M/F Kirby Center Enrollment

Date of Birth

1). _____ 2). _____ 3). _____ 4). _____

TYPE OF MEMBERSHIP DESIRED (please select one)

- Family (2 Adults w/children under age 26)
- Adult (Ages 27-64)
- Older Youth (Ages 12-17)
- Senior Family (2 Adults 65+)
- Senior Adult (Ages 65+)
- Youth (Ages 0-11)
- Kirby Center Tuition
- Young Adult (18-26)
- Single-parent

Are you a current member of the Madison Area YMCA? Yes No

Have you received financial assistance from the Madison Area YMCA before?

Yes No If yes, when __/__/__ to __/__/__.

INCOME INFORMATION

Please indicate source(s) and amount(s) of CURRENT income for ALL members of your household **BEFORE** deductions such as taxes and social security ("gross" income). If you receive more than one check from any of these sources, please indicate **TOTAL** amount received. To confirm the following information, please note the required documentation listed on page one of this form.

Please indicate payment period for each source of income listed below: (For example per **Week**, per **Month**, per **Year**, etc.)

Wages, salary.....	\$ _____	Per _____
Social Security.....	\$ _____	Per _____
Public Assistance (Welfare).....	\$ _____	Per _____
Unemployment.....	\$ _____	Per _____
Child Support and/or Alimony.....	\$ _____	Per _____
Pension or Retirement.....	\$ _____	Per _____
Other.....	\$ _____	Per _____
Total.....	\$ _____	Per _____

APPLICANT CERTIFICATION

I certify that the information provided on this application is complete and true to the best of my knowledge. I understand that failure to provide this information or the provision of false information could result in loss of membership participation for me or my family, as well as an assessment of back fees and/or legal action.

All members and visitors of the Madison Area YMCA must provide a valid state or government-issued photo ID at every visit which will be scanned through Raptor, an instant screening system which provides information on registered sex offenders in all 50 states.

I agree to inform the Madison Area YMCA of any change in amount or source of income, family size, marital status, or any other change affecting the information on this application within 30 days of its occurrence.

I understand that the information on this form will be kept confidential (unless fraud is determined). Any information that must be reported to Financial Assistance funding sources as verification of eligibility to receive subsidy, will not include identifying names.

Signed _____ Date _____

Would you be interested in volunteering to raise funds for the Annual Support Fund? Yes No

Would you be interested in volunteering in another capacity? Yes No

This form must be completed in full and submitted with all supporting documentation to Financial Assistance Coordinator Maggie Claudio. Failure to provide accurate and completed information may result in a delay in the application process. All completed applications will be reviewed and processed within two (2) weeks. Once approved, you will receive an official letter by mail detailing your financial assistance award and directions on how to get started.

Due to the volume of requests we receive, any documentation or paperwork submitted with this application cannot be returned to the applicant. Please **do not** submit originals with this application. Copies can be made upon request.

FINANCIAL ASSISTANCE STATEMENT

The Madison Area YMCA has funds, subject to available YMCA resources, from individual gifts to the Madison Area YMCA's Annual Fund to assist anyone unable to afford membership and program services at the Madison Area YMCA's Family Center and child care at the F.M. Kirby Children's Center of the Madison Area YMCA.