

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 and any information collected about you and your family is kept confidential and only used for Madison Area YMCA purposes. Our complete privacy policy can be obtained at your request from any Member Services staff.

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 (include all pages)
- Lease or mortgage statement or a room rental agreement.
- Social services statements (SNAP, CFR or NJCK vouchers, Section 8 vouchers, TANF, unemployment benefits, etc., if applicable).
- Court orders that are relative to additional revenue (if applicable).
- Letter stating the need for financial assistance and it must include 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, disability, 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 _____

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.

Updated 1/10/2024