



YMCA OF GREATER SEATTLE

Financial Assistance Application

The YMCA of Greater Seattle provides financial assistance to the extent possible to those in need. Proof of Income is required and eligibility is determined by comparing your gross annual household income to the Housing & Urban Development (HUD) Income Guidelines for King County. We also take into consideration the number of people supported by your income. Once submitted, your application will be reviewed and you will be notified within one week. Assistance will be granted on a first come, first serve basis. Assistance will be granted for a maximum of one year for membership or the length of the session for programs. You can reapply to receive continued assistance.

The following steps will guide you through the application process. Unfortunately, we cannot process incomplete applications. If you do not have a YMCA membership, attach a YMCA Membership Application to this form. If you have questions, our member services desk will be happy to assist you.

PRIMARY MEMBER (Parent or guardian for applicants under 18 years)

Legal First Name		MI	Legal Last Name	
How would you like to receive your award notification?		<input type="checkbox"/> Telephone		<input type="checkbox"/> Mail
				<input type="checkbox"/> Email
Address		Apt	City/State	
				Zip
Phone Number		Primary Email:		

ASSISTANCE REQUEST

Membership	<input type="checkbox"/> New Facility Membership	<input type="checkbox"/> Facility Membership Renewal	<input type="checkbox"/> Program Membership
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Please use one form per child.

Programs	Child's Legal First Name	MI	Child's Legal Last Name	
	<i>Not all programs are available at all branches.</i>			
	<input type="checkbox"/> Swim Lessons	<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Karate	<input type="checkbox"/> Health & Wellness
	<input type="checkbox"/> Licensed Child Care	<input type="checkbox"/> Kid's University	<input type="checkbox"/> Summer Programs	<input type="checkbox"/> Resident Camp
	<input type="checkbox"/> Parent/Child	<input type="checkbox"/> Teen Programs	<input type="checkbox"/> Other: _____	

INCOME VERIFICATION

Household Monthly Income		Applicant		2 nd Adult
	Monthly Income (include all sources including assistance and child support)	\$		\$
Number of Adults supported by above income: _____ Number of children supported by above income: _____				

Attach the Following Documents	<p>If there are two adults in the household, documents must be provided for both adults to verify the income listed above.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Membership Application (if you do not have a current YMCA membership) <input type="checkbox"/> Program Registration Materials (if applying for a program) <input type="checkbox"/> Two of the following income verifications: <ul style="list-style-type: none"> <input type="checkbox"/> Federal Income Tax Filing for previous year (W2 forms do not qualify) <input type="checkbox"/> Two months of paycheck stubs <input type="checkbox"/> Current SSA/Social Security Retirement Documents <input type="checkbox"/> Current Statement of award or benefits for TANF, SSI, GAU or other public assistance <input type="checkbox"/> Most recent unemployment check stubs <input type="checkbox"/> Two months of bank statements <input type="checkbox"/> An official letter from a case manager or similar such authorities if you are unemployed, not receiving benefits, are participating in a structured job training or rehabilitation program, or are homeless or living in a homeless shelter. <p><i>If you feel that you have extenuating circumstances not evidenced by the above information, you may submit a statement explaining your current situation. Please attach it to your application with the above income verification.</i></p>
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I certify that the above information is true and complete to the best of my knowledge. I understand the above agreement and my obligations. I further understand that the YMCA's policy for payment applies to this agreement.

Signed: _____ Date: _____

OFFICE ONLY**Membership Assistance:**

Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Amount:		Adjustment Code:	MSB
Membership:		Join Fee Amount:		Monthly Dues:	
Contacted:	<input type="checkbox"/> Letter <input type="checkbox"/> Phone Call <input type="checkbox"/> Email			Notified Director(s) of FA Request?	Date:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Assistance:

Program:					
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Amount:		Adjustment Code:	
Approved by:		Participant Pays:		Assistance Expires:	
Payment Schedule:	Date	Amount	Date	Amount	Contacted: <input type="checkbox"/> Letter <input type="checkbox"/> Phone Call <input type="checkbox"/> Email
					Notes:

Program:					
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Amount:		Adjustment Code:	
Approved by:		Participant Pays:		Assistance Expires:	
Payment Schedule:	Date	Amount	Date	Amount	Contacted: <input type="checkbox"/> Letter <input type="checkbox"/> Phone Call <input type="checkbox"/> Email
					Notes:

Program:					
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Amount:		Adjustment Code:	
Approved by:		Participant Pays:		Assistance Expires:	
Payment Schedule:	Date	Amount	Date	Amount	Contacted: <input type="checkbox"/> Letter <input type="checkbox"/> Phone Call <input type="checkbox"/> Email
					Notes:

Additional Notes:

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