



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Allegheny Valley YMCA Financial Assistance Application

The Allegheny Valley YMCA is a not-for-profit charitable organization that provides opportunities to all individuals, youth, adults and families in the community by putting Christian values and principles into practice through facilities, wellness programs and activities that build healthy spirit, mind and body. The Allegheny Valley YMCA is a member of an international organization which accepts diversity and promotes community development and cooperation.

Programs are made available to all persons regardless of their ability to pay.

Financial Assistance is made possible by generous donations to the "Help Us Help Others Campaign" and from local individuals and businesses who believe in our mission.

Application Instructions:

- **Complete the following application** (Please Print).
- **Include copies of household and income documentation** (IRS tax return, pay stubs, bank statements, Social Security statement).
- **Return the application with ALL necessary documents to the Allegheny Valley YMCA.**

Your **APPLICATION CANNOT BE PROCESSED WITHOUT ALL OF THE NECESSARY INFORMATION.**

All persons to be included on the membership must be listed on tax documents as dependents. If a spouse is listed on tax documentation and you are applying for Single Parent Family Household you must provide documentation of separation or divorce.

** The appropriate YMCA staff will review your application.*

All applications and information will be kept confidential. You will be notified within 21 days of any scholarship you may receive.

I. Applicant's Contact Information

Applicant's Name: _____ Date of Birth: _____

Marital Status: Single Married Divorced Separated

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell: () _____

Email Address: _____

Applicant's Employer: _____ How Long Employed: _____

Work Phone: () _____

II. Spouse Information (If applicable)

Spouse's Name: _____ Date of Birth: _____

Applicant's Employer: _____ How Long Employed: _____

Work Phone: () _____

III. Assistance Request

1. Is this a **New** or a **Renewal** Application? Date of last application _____
2. What type of membership are you requesting?
 Youth Teen Adult Family Senior Senior Couple
 Single Parent Household College Student
3. Basic Full Facility

IV. Dependents in Household

Children and Other Members of Household			
Name	Male or Female	Relationship	Date of Birth

IV. Household Income

Total *HOUSEHOLD* Income

- Are you employed? Yes No \$ _____ per month
- Is your spouse employed? Yes No \$ _____ per month
- Are any of your children employed? Yes No \$ _____ per month
- Do you or your spouse receive unemployment benefits? Yes No \$ _____ per month
- Are you receiving Social Security Benefits? Yes No \$ _____ per month
- Are you receiving Spousal Support? Yes No \$ _____ per month
- Are you receiving Child Support? Yes No \$ _____ per month
- Are you receiving supplemental income from DPW? Yes No \$ _____ per month
- Are you receiving Food Stamps? Yes No \$ _____ per month
- Are you receiving Veterans/Disability Benefits? Yes No \$ _____ per month
- Are you receiving any other forms of Income? Yes No \$ _____ per month

What is the total ANNUAL income of your household? \$ _____ per year

IV. Household Expenses

Total *HOUSEHOLD* Expenses

What is your monthly rent/mortgage? Rent Mortgage \$_____per month
Auto Loan \$_____per month
Utilities (not including phone) \$_____per month
Phone (listed in your name) \$_____per month
Child Support \$_____per month
Required and Necessary Medical Expenses \$_____per month
Child Care \$_____per month
Other (please explain)_____ \$_____per month
Other Comment/Concerns: _____

I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of changes in information given in this application such as income, address, living arrangements, marital status or other matters that might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can and may result in immediate suspension of membership and program privileges.

Signature (Parent or Legal Guardian if applicant is a Minor)

Date

Would you be interested in volunteering for the YMCA during our special events, annual clean up day or help with mailings? Yes No

Don't forget...You must attach a copy of EACH of the following:

Income Verification:

- Most Recent IRS tax return SSI Allocation Statement Documentation of Child Support/Alimony
- Two most current pay stubs for **all adults** in the household Unemployment Compensation statement
- Documentation of DPW supplemental income and/or food stamps Documentation of Veterans/Disability benefits
- Other acceptable documentation to verify your annual earnings and expenses

Other Attachments:

- Separation/Divorce Agreement Copy of CCIS denial letter or letter stating you are on CCIS waiting list

Important Information:

1. If your child will attend Afterschool or Summer Day Camp you **MUST** have a **CCIS Denial/Waiting List Letter** included with this paperwork or your request for childcare assistance with us will be **denied!**
2. Financial Assistance will be delayed until all program fees are made current!
3. Sponsored memberships are not available for monthly bank drafts. Payment is due in full before memberships can be activated.

Membership Information:

Basic Memberships:

Basic Memberships include

Use of: Pool

Gymnasium

Free Weight Room

Aerobic Classes (not all classes are included please check web-site and or brochure for pricing)

Full Facility (Fitness) Memberships:

Use of :Pool

Gymnasium

Free Weight Room

Cardio Room

Nautilus Room

Strive Room

Steam/Sauna

Aerobic Classes (not all classes are included please check we-site and or brochure for pricing)

Special Notes on Memberships:

Family Memberships: Consist of 2 Adults living together and children under the age of 18yrs or up to 22 yrs if they are full time college students.

Family Full Facility Memberships: Will include the fitness for the children depending on their age. Strive is age 7 and up, Cardio and Nautilus is ages 13 to 15 with and adult. All children 18(and still in high school) and younger are not permitted to use the Full Facility Locker Rooms with or without a parent. Basic Locker Rooms must be used.

Single Parent Memberships: This membership includes one Adult and children under the age of 18 or up to 22 if they are full time college students.

Single Parent Full Facility (Fitness) Membership: This membership only includes fitness for the Adult on the membership. If fitness is wanted for the child/children on the membership please let us know so we can factor in the additional cost when processing your membership.

For office use only

Staff Reviewing Application: _____ Date Reviewed _____

Sponsorship %: _____ Membership Type _____ Amount Due _____

Date of 1st Contact: _____ **Reason for Contact:** Missing Paperwork Membership Approval

Outcome of Contact: _____

Date of 2nd Contact: _____ **Reason for Contact:** Missing Paperwork Membership Approval

Outcome of Contact: _____