

FINANCIAL ASSISTANCE APPLICATION

It is the mission of the YMCA of Broome County to provide services for any person or family who desires to participate in the YMCA, regardless of the ability to pay membership or program fees. Every year the YMCA of Broome County raises money to help youth and families participate in YMCA programs.

To be eligible for financial assistance, applicants must complete this assistance application and meet household/yearly income requirements. The YMCA believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement; therefore, applicants will be asked to pay some portion of the fees. Financial Assistance for memberships is awarded for a one year period. Financial Assistance for programs is awarded per session. Applicants will be notified within 3 business days of the completed application having been submitted for review.

To apply for assistance, bring the following to the Welcome Center of either YMCA of Broome County Branch.

1. Completed Financial Assistance Application

2. Copy of most recent income tax return*

**If you do not file or have a tax return, please provide copies of additional proof of any income (i.e. pay stubs, bank statements)
Applications without any proof of income will not be accepted.*

First Name	Last Name	Date of Birth	Gender	Membership Requested i.e. Adult, Family, Youth	Program(s) Requested i.e. swim lessons, basketball camp

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone (Home) _____ (Cell) _____ (Work) _____

Please indicate: Number of household members: _____ Adjusted Gross Income (per tax return) \$ _____

Have you ever applied for YMCA financial assistance before? No: _____ Yes: _____ & Date: _____

Do you currently receive YMCA financial assistance? No: _____ Yes: _____ & for what? _____

Please list any source(s) and amount(s) of monthly income by type(s) and amount(s) of assistance your household may receive:

Please indicate your total monthly expenses such as (rent/mortgage, car payment, utilities, etc.): _____

Please list any extenuating circumstances to be considered:

I certify that the above information is true and complete to the best of my knowledge. I agree to provide additional documentation to verify need if requested. Further, I agree to inform the Broome County YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my assistance. It is also the policy of the YMCA that assistance will be revoked if payments are not made on time.

Signature: _____ Date: _____

For Staff Use Only:

Date Received: _____ Staff Initials: _____ Proof of Income: Yes No

Approved: Yes No Date: _____ By: _____ Amount: _____ Notes: _____