



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

**YMCA OF GREATER ERIE
FINANCIAL ASSISTANCE APPLICATION FOR EARLY LEARNING & SCHOOL-AGE ENRICHMENT
CONFIDENTIAL**

As a nonprofit, charitable organization, the Y provides financial assistance for Y membership and programs in order to ensure that everyone, regardless of income, has access to the Y. Through generous contributions from YMCA members, friends, local businesses and the United Way, no one is turned away from the YMCA due to an inability to pay. All records are kept confidential. A sliding scale is used to determine how much assistance is awarded.

INCOME VERIFICATION GUIDELINES...

Financial assistance applicants must provide the following financial verification:

- 1. Detail of non-payroll income (PA Unemployment, Disability, Child Support, etc)**
- 2. Last two paycheck stubs for each parent**
- 3. Letter from Childcare Information Services with eligibility information is acceptable.**

Non Payroll Income:

1. Government Assistance: Notice of Decision (with names of eligible person(s) and total income including food stamps).
2. Social Security Disability: Letter from Social Security office or Notice of Decision stating the monthly benefit amount. This often needs to be accompanied by government assistance income as applicable.
3. Unemployed: Notification of eligible benefits from unemployment office. Federal tax return will still be needed, as unemployment is a taxable income.
4. Court Order/voluntary child support income.

Exceptions to Above:

5. Full-time college student: Letter from registrar's office indicating a current full-time student status. A school schedule is NOT adequate documentation.
6. No Income: The YMCA needs the income verification of the person(s) supporting the applicant. Example: John does not work and is living with his grandmother. Since she is providing him with room and board, the YMCA would need a letter from the grandmother stating the situation.

- Completely fill out financial assistance application with program registration form.
- Turn in application (at site where service is requested) with complete financial verification information, supporting documents
- Applications are reviewed on a weekly basis.
- You may call the Metro Office at 452-1432 for assistance with completing form.

Program Location: _____

Name _____ Social Security # _____ - _____ - _____ Sex _____

Address _____ City _____ State PA Zip _____

Phone: Home _____ Work _____ Student: ___ Other _____

Family Size (all dependents) _____

Please list all family members in the household (include any additional family members on the back of this sheet)

Spouse _____ Birthday _____ Sex _____

Dependent _____ Birthday _____ Sex _____

Dependent _____ Birthday _____ Sex _____

Dependent _____ Birthday _____ Sex _____

Dependent _____ Birthday _____ Sex _____

Please indicate the Service Period : _____ First Day of Service: _____

Children requiring care:

1. Name _____ Date of Birth _____ Grade _____ School _____

2. Name _____ Date of Birth _____ Grade _____ School _____

Type of care needed:

All day _____ Before School _____ After School _____ Before/After School _____

Days of Week care is needed: M TU W TH FR SA Comments: _____

Traditional Pre-School Program 1 MON WED FR OR Program 2 TU TH OR Program M TU W TH FR

Please check the reason you are applying for financial assistance:

Limited Income ____, Student ____, CCIS Waiting list, ____ Other, please specify: _____

Financial Information:

\$ _____ Monthly Gross Paycheck

\$ _____ Spouse's Gross Paycheck

\$ _____ Alimony/Dependent Support (attach document)

\$ _____ Supplemental Support (cash assistance, veteran's benefit, social security, etc.)

\$ _____ Other Income (Self employment...)

\$ _____ Total Monthly Income

The YMCA of Greater Erie is a non-profit agency open to all people regardless of age, race, religion, or ability to pay. It is the policy of the YMCA of Greater Erie to not deny services to anyone because of inability to pay. **Valid proof of income must be provided before the application can be approved.**

By my signature I am requesting assistance from the YMCA and I certify that all information provided is correct.

Signature Date

For Office Use Only	
Discount % _____	Gross Fee: Daily/Weekly/Monthly \$ _____ PROGRAM _____
Approval: _____	Amt of Assistance \$ _____
Date of Enrollment: _____	Next Review Date: _____