



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

## **Financial Assistance Application**

### **Directions for Financial Assistance:**

1. Fill out this financial assistance packet and return to the YMCA of Marquette County front desk. Please include information for everyone in the household.
2. Gather proof of ANY and ALL income and assistance coming into the household. This may include but is not limited to:
  - **Income Tax Return**
    - Required from the most current filing year, pages 1 & 2 (IRS form 1040, 1040A, etc); self employed individuals must include schedule C. Even if your circumstances have significantly changed in the last year, this will be required for reference.
  - **Salary/Wages**
    - The last 30 days of paystubs are required for ALL employed members of the household. A bank statement can be used as an alternative to paystubs if the household member uses direct deposit.
    - If you are self employed, you must provide a bank statement and a 1080 form.
  - **Child Support/Alimony**
    - Include proof of legal agreement or court order showing alimony and child support amounts to be received per month.
  - **Food Assistance**
    - Documentation must indicate the name of the person receiving assistance and the dollar amount received each month.
  - **Family and Friends**
    - If you are receiving assistance from a friend or family member, please provide a signed letter from the person stating how much you are receiving each month.
  - **SSI, Disability, Unemployment, Cash Assistance**
    - Please provide a current Social Security award benefit letter, a SSI disability letter, retirement, unemployment or other government subsidy letter.
3. **Write your story.** Our financial assistance program is funded by donor dollars and stories are used during our annual campaign to encourage community members to donate. Your name and identifying information will not be used without your permission.
4. The maximum assistance given out by the YMCA of Marquette County varies depending on need and funds available. The YMCA does not give free memberships through this financial assistance program.
5. Once approved for financial assistance, you must reapply if another adult joins your household.
6. Your information will be kept confidential. This information will only be shared with Y administrative staff and directors.
7. If you would like to pay month to month for your membership you must have a credit/debit card or bank account linked to your membership. If you do not have a credit/debit card or bank account, you must pay for a minimum of 6 months in advance.

- 8. Each declined payment will result in a \$20 return fee. It is the member's responsibility to notify the Y of any changes to their billing information.

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**Please tell us a little about yourself. The more information we have, the easier it is for the committee to build a case. What are your circumstances? If you are renewing your scholarship, please take a moment to thank one of the kindhearted community members/organizations that gives many people like yourself, the opportunity to experience the Y through donations.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

By signing below you acknowledge and agree to the above guidelines, and being in harmony with the mission statement of the YMCA of Marquette County, hereby apply for the Financial Assistance Program.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

---

## Applicant Information

<b>Last Name:</b>	<b>First Name:</b>	<b>DOB:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone Number:</b>		<b>Email:</b>	

### People Living in Household (Please list all children up to age 19 & adults in your household)

Name	Gender	Date of Birth	Employed <small>(yes/no)</small>
1)			
2)			
3)			
4)			
5)			

**Total number of people in the household:** \_\_\_\_\_ **Total number of people on the membership:** \_\_\_\_\_

## Monthly Household Income

Monthly Gross	Applicant	Spouse
<b>Salary</b> <small>(Indicate when you get paid and how much per pay period)</small>	<input type="checkbox"/> Weekly \$ _____	<input type="checkbox"/> Weekly \$ _____
	<input type="checkbox"/> Every 2 Weeks \$ _____	<input type="checkbox"/> Every 2 Weeks \$ _____
	<input type="checkbox"/> Monthly \$ _____	<input type="checkbox"/> Monthly \$ _____
<b>Child Support</b> <small>(Monthly Payment)</small>	\$ _____	\$ _____
<b>Food Stamps</b>	\$ _____	\$ _____
<b>Housing</b>	\$ _____	\$ _____
<b>Cash Assistance</b>	\$ _____	\$ _____
<b>SSI</b>	\$ _____	\$ _____
<b>Disability</b>	\$ _____	\$ _____
<b>Alimony</b>	\$ _____	\$ _____
<b>School Overage/Grants</b> <small>(Amount received after total tuition cost is paid)</small>	\$ _____	\$ _____
<b>Other Income</b>	\$ _____	\$ _____

**Total annual income:** \$ \_\_\_\_\_ **Total amount I can afford to pay each month:** \$ \_\_\_\_\_

## Membership or Program Information

<p><b>Please check one of the following:</b></p> <p><input type="checkbox"/> First Time Application      <input type="checkbox"/> Renewal</p>	<p><input type="checkbox"/> Yes, I am interested in volunteering</p> <p><input type="checkbox"/> Yes, I have served or currently serve in the armed forces</p>
<p><b>Type of Membership:</b>   <input type="checkbox"/> Youth (0-17)      <input type="checkbox"/> Young Adult(18-24)      <input type="checkbox"/> Adult(25-64)      <input type="checkbox"/> Adult Couple</p> <p>   <input type="checkbox"/> Single Parent Family      <input type="checkbox"/> Family      <input type="checkbox"/> Senior(65+)      <input type="checkbox"/> Senior Couple</p>	

**Location of Membership:**  Marquette AND Negaunee     Negaunee ONLY

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or dependant status. I understand that false information could jeopardize my financial assistance.

The YMCA reserves the right to inquire of your current financial situation in order to insure that our donor dollars are being allocated in an appropriate manner.

\_\_\_\_\_ \_\_\_\_\_  
**Signature of Applicant** **Date**

