WELCOME TO ALL

Changing Lives Financial Assistance Application

THE ESSENCE OF THE Y
With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of Reading & Berks County ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME
The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Changing Lives Financial Assistance Program, the YMCA of Reading & Berks County provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY
Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

Changing Lives Financial Assistance reduces membership fees; it does not eliminate them.
All Changing Lives Financial Assistance will be granted for 12 months.
The YMCA requests that individuals and families reapply annually, with updated documentation.
Membership fees are subject to change when you reapply.
If you do not reapply at the time requested, your membership will expire.
Please contact your branch if you have any questions.
Changing Lives Financial Assistance Application

Apply for a Changing Lives Financial Assistance in 5 easy steps!

1. **APPLICANT INFORMATION**
   - **Name**
   - **Mailing Address**
   - **City**
   - **State**  **ZIP Code**  **Birthdate**
   - **Home Phone**  **Cell Phone**
   - **Email**
   - If an applicant is under 18: Parent’s or legal guardian’s name

2. **ALL PERSONS LIVING IN THIS HOUSEHOLD**
   - Place a check mark ☑ for each family member applying for assistance.
   - Parent/Guardian/Adult
   - DOB
   - Child
   - DOB
   - Other dependent(s)
   - Age(s)

3. **I AM APPLYING FOR**
   - **YOUTH**
   - **STUDENT**
   - **ADULT**
   - **FAMILY**
   - **SENIOR**
   - **SENIOR FAMILY**
   - **OTHER**
   - **DAY CAMP**
   - **CHILD CARE** (Not available at all branches)

   **FOR CHILD CARE & CAMP APPLICANTS ONLY**
   - Who has custody of the child(ren)?
     - Joint  Mom  Dad  Foster guardian
     - Guardian  I don’t have custody
   - Parent/guardian #1
     - At Home  Working  In School
   - Parent/guardian #2
     - At Home  Working  In School

4. **TO QUALIFY FOR ASSISTANCE PROVIDE THE FOLLOWING DOCUMENTS:**
   - **I FILED FEDERAL TAXES ↓ FOR LAST YEAR**
     - 1040 Federal Tax Form(s) for all incomes in household
     - I am an individual filing jointly; I am providing ONE 1040 form
     - We filed more than ONE tax form in our household; We are providing 1040 forms.
   - **TOTAL ANNUAL HOUSEHOLD INCOME**
   - **I DID NOT FILE FEDERAL TAXES ↓ FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR**
     - Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)
     - $ _______ x 12 = $ _______ TOTAL ANNUAL HOUSEHOLD INCOME

5. **THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS**
   - I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so assistance be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

   Signature of person completing this form __________________________ Date __________

   Attach all applicable financial documents and turn in to your YMCA branch Welcome Center.

TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I want/need YMCA Changing Lives Financial Assistance because:

Would you be willing to volunteer your time to do some work for the YMCA? ☐ Yes  ☐ No

Special Skills: __________________________ Hours per week available? __________