San Gabriel Valley Family YMCA
412 E. Rowland St., Covina, Ca. 91723
Phone 626-339-6221, www.sgvymca.org

Dear Applicant:

Welcome to the San Gabriel Valley Family YMCA! As part of our mission to make our kids, families and communities stronger, it is our policy to make all our programs available to everyone with a desire to participate in them. It is because of this that we have our financial assistance program.

Maximum assistance allotted is 25% of total program fee. Eligibility is based on your annual income, on a sliding scale. It is our hope that our Annual Support Campaign will reach its goal, so we can continue to offer this assistance.

Please submit the attached application, along with **all** of the following documents:

- 2 most recent paystubs (for each working adult in the home).
- 1 recent AFDC/Food Stamp (or any public assistance benefit) account statement.
- 1 recent SSI Income Statement, if applicable.
- 1 recent Child Support Income Statement, if applicable.
- Most recent UI or SDI Income Statement (Unemployment or Disability).
- A copy of last year's W-2 statement or copy of last year's tax filing, for each working adult in the home.
- Proof of any additional income.

We will call you or you will receive a letter within three days of receiving your application.

Again, welcome to the San Gabriel Valley Family YMCA. We look forward to having you as a part of our YMCA.

Sincerely,

Financial Assistance Dept.

YMCA
We build strong kids,
strong families, strong communities.

Financial Assistance Application
(Programs)

Applicant's Name _____ DOB: _____

Street Address _____ City & Zip _____

Home Phone: _____ Cell Phone _____ Email _____

For which programs are you requesting assistance? ☐ Swim ☐ Child Care ☐ Sports ☐ Membership

In your own words, please explain briefly why you should receive financial aid. Please explain your current financial situation. Are there any special circumstances or considerations we should take into account when evaluating your application?

_____
_____
_____

As a financial assistance recipient, you may be asked to volunteer at the YMCA. The information contained in this section will <u>not</u> affect your eligibility for assistance.

1. Please list any special skills that you might be able to share with the YMCA.
   _____
2. What hours might you be available to volunteer at the YMCA? _____
3. Are you willing to participate in the Annual Support Campaign to help raise funds for this program?
   Yes No

Please list all income providers in your household:

	Name	*Place of Employment*	*Work Phone*
Provider 1	_____	_____	_____
Provider 2	_____	_____	_____
Provider 3	_____	_____	_____

Please list gross monthly income and expense items of the each provider. Income verification documents must accompany the information below. No application will be processed without proper documentation.

Gross Monthly Income

	Provider 1	Provider 2	Provider 3
Employment	_____	_____	_____
State/Federal Aid	_____	_____	_____
Food Stamps	_____	_____	_____
Child Support/Alimony	_____	_____	_____
Investments (rentals)	_____	_____	_____
Other	_____	_____	_____
Total Monthly Income	_____	_____	_____

Monthly Household Expenses

Rent/Mortgage	_____
Utilities	_____
Food	_____
Transportation	_____
Medical/Dental	_____
Auto/Home Insur	_____
Child Care	_____
Other	_____
Total Expenses	_____

Please list names & ages of the dependents for which the primary income providers are providing support:

	Name	*Relationship*	*Age*	*Birthdate*
Dependent 1	_____	_____	_____	_____
Dependent 2	_____	_____	_____	_____
Dependent 3	_____	_____	_____	_____

By filling out this application and signing below, I certify that the statements on this application and on any accompanying attachments are true and correct. I understand that the YMCA may contact those listed on this application to verify information; that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I understand that the above information is confidential. I also understand that I may be asked to participate in the YMCA's Annual Support Campaign as a way of contributing back to the organization from which I receive assistance.

For Office Use Only

Date Approved: _____

Discount: _____ By: _____

Applicant's Signature _____ Date _____