



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

**YMCA OF BRISTOL
 Financial Assistance Application**

The YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Through the generosity of donors to our Annual Giving Campaign, the YMCA is able to provide financial assistance to families with lower incomes and financial hardships who wish to participate in our programs. Every YMCA member receives the same membership benefits, regardless of whether or not they receive financial assistance.

Please complete this form providing proof of all income and assistance you receive and return it to member services for review.

Are you requesting assistance for a membership or program?

City of Residence: _____

Do you receive free or reduced lunch? yes no

Primary Adult In Household			
Name	First	Middle	Last
Date of Birth		Phone Number	
Are you a college student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?			
2nd Adult in Household			
Name	First	Middle	Last
Date of Birth		Phone Number	
Are you a college student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?			
Dependents			
Dependent's Name			Date of Birth
Dependent's Name			Date of Birth
Dependent's Name			Date of Birth
Dependent's Name			Date of Birth

<p>Income - Total Household income before deductions</p> <p>1st Adult (Employment) _____</p> <p>2nd Adult (Employment) _____</p> <p>Social Security Benefits _____</p> <p>Disability Benefits _____</p> <p>Unemployment Benefits _____</p> <p>Food Stamps/SNAP _____</p> <p>Child Support/Alimony _____</p> <p>Retirement/Pension _____</p> <p>Foster Child Support _____</p> <p>Other Household Income _____</p> <p>Total Monthly Income _____</p>	<p>Expenses - Verification may be required</p> <p><input type="radio"/> Rent or <input type="radio"/> Mortgage _____</p> <p>Car Payment(s) _____</p> <p>Student Loan(s) _____</p> <p>Insurance _____</p> <p>Utilities _____</p> <p>Phone _____</p> <p>Internet/Cable _____</p> <p>Groceries _____</p> <p>Additional Expenses _____</p> <p>Total Monthly Expenses _____</p>
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Amount you could pay monthly for the membership type requested \$ _____
Amount you could pay for each program session requested \$ _____

For Office Use Only Staff Initials _____ Date _____ New Applicant Renewal Current Member

Verification Confirmation Free/Reduced Lunch Social Security Disability Unemployment

Adult #1 Pay Stubs Adult #2 Pay Stubs Child Support/Alimony Retirement/Pension

SNAP Foster Child Support Tax Form Other Income: _____

Total Income: \$ _____ Financial Assistance Awarded: _____ % Recipient Pays: \$ _____ /month Exp. Date: _____



YMCA OF BRISTOL

Financial Assistance Agreement

Primary Member _____ **DOB** ____/____/____

Please initial the following:

- _____ I accept and agree that all fees are to be paid on time and prior to program participation for my Financial Assistance to continue.
- _____ I understand that my Membership and/or program participation will discontinue if I acquire a balance owed to the YMCA.
- _____ I hereby certify that the information provided is true and complete to the best of my knowledge.
- _____ I agree to inform the YMCA immediately of any change in the provided information.
- _____ I understand that false information could jeopardize my financial assistance.
- _____ I hereby give my permission to the YMCA of Bristol and its representatives to contact individuals or employers for salary and bill verification.
- _____ I understand that I will be asked to pay a percentage of any membership/program fees.
- _____ I verify that everyone on my membership and Financial Assistance application reside in the same household as the Primary Member. If there are any changes to the status of my household (anyone moves out of or into the household), it is my responsibility to let the YMCA know. Financial Assistance will be re-evaluated at the time of change.
- _____ I understand that Financial Assistance is good for one year from the date of approval unless notified otherwise. When it is time to renew your Financial Assistance, we will notify you. If we do not get a response from our requests for renewal, you will not be allowed to register for additional programs until you take care of your renewal.

Failure to report any changes may result in denial and/or termination of Financial Assistance and/or Membership

Signature of Primary Member (person responsible for membership)

Today's Date

The YMCA is always in need of volunteers, would you be willing to volunteer? Yes No