



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE PROGRAM

OZARKS REGIONAL YMCA

Date _____

Please fill this form out in its entirety

Please explain in detail your need for this financial assistance. _____

May we anonymously share your story ___Y ___N

Adult 1 Name _____ Male Female Birthday ___/___/___
Home Address _____ Apt # _____ City _____ State _____ Zip _____
Home Phone _____ Email _____
Employer _____ Work Phone _____

HOUSEHOLD INFORMATION

Adult 2 _____ M F DOB _____ Name _____ M F DOB _____
Name _____ M F DOB _____ Name _____ M F DOB _____
Name _____ M F DOB _____ Name _____ M F DOB _____
Name _____ M F DOB _____ Name _____ M F DOB _____

FINANCIAL INFORMATION

Proof of all household income is required before this application will be reviewed

ADULT 1 _____
Employment monthly gross \$ _____
Unemployment monthly gross \$ _____
Disability monthly gross \$ _____
Social Security monthly gross \$ _____
Food Stamp monthly gross \$ _____
Child Support monthly gross \$ _____
AFDC/TANF monthly gross \$ _____
Other monthly gross \$ _____
TOTAL MONTHLY GROSS \$ _____

ADULT 2 _____
Employment monthly gross \$ _____
Unemployment monthly gross \$ _____
Disability monthly gross \$ _____
Social Security monthly gross \$ _____
Food Stamp monthly gross \$ _____
Child Support monthly gross \$ _____
AFDC/TANF monthly gross \$ _____
Other monthly gross \$ _____
TOTAL MONTHLY GROSS \$ _____

PRIMARY FACILITY

Lebanon Family YMCA Dallas County Area YMCA Cassville YMCA Pat Jones YMCA
 Downtown YMCA Ozark Mountain Family YMCA Monett Area YMCA Camp Wakonda

MEMBERSHIP TYPE

Family (Adult couple + Kids) Single Adult + Kids Two Adults Individual Adult
 Senior (individual 60 years or older) Senior Couple (one of which is 60 years or older) Camp Wakonda

How much do you feel you can pay per person/per membership each month? _____ Per Program? _____

I certify the above information on this form is true and correct to the best of my knowledge. I consent to the Ozarks Regional YMCA and its agents to verify any and all information on this application. I agree to participate in financial assistance survey.

Date: ___/___/___ Signature _____ Print Name _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE PROGRAM

OZARKS REGIONAL YMCA

The Ozarks Regional YMCA and its branches are a not-for-profit health and human services organization committed to helping people grow in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The YMCA is community-based and believes that its programs and services should be available to everyone. That's why the YMCA offers a FINANCIAL ASSISTANCE program. The program is a sliding fee scale designed to fit each individual's financial situation.

The YMCA requires individuals provide the requested information on the attached form regarding income, family size and necessary expenses so we can provide assistance in a fair and consistent manner.

To process your application, please provide proof of the following information:

- Last year's tax forms for all employed household members.
- Current total monthly income amount for all employed adult household members.
- Current pay stub—dated within ten [10] days [1 month's worth]
- And we need total monthly income documentation for the following, should you receive any of it:
 - Child Support / AFDC
 - Rent Assistance / Housing
 - Food Stamp Assistance
 - Social Security Assistance
 - Unemployment
 - Any other financial support, student loans or any other types of assistance

Note If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service at 1.800.829.1040. If you did not file taxes last year or if you don't have the other documents required, please submit a letter explaining your personal situation.

Please allow five to ten [5–10] days to process your application depending on the branch at which you apply. After this period, you will be notified by mail if your application has been approved or if you need to submit additional information.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families and strong communities.

Financial Assistance applicants need to reapply on a yearly basis.

OFFICE USE ONLY

Annual Income _____ Possible Deductions _____
 Number of Dependents _____ % of Co-Pay _____

Status: Accepted
 Denied
 Declined

Applicant Name _____ Date of Application _____