

Palestine YMCA Financial Assistance

In the spirit of providing programs and services that build healthy spirit, mind and body **for all**, the Palestine YMCA, within its available resources, will provide assistance for any individual who desires to participate regardless of age, gender, race or religious belief.

Applicant criteria:

- Applicants must request aid at least one month prior to a program event or membership join date.
- Assistance will be granted on financial need resulting from low income or medical expenses.
- Applicants normally will be asked to pay a portion of any registration or program fee.
- Applicants must reside or work in the Palestine YMCA service area.
- Assistance will be awarded for one session of a program, or for a six-month membership. A new application must be submitted every six months.
- Assistance will be awarded on a first-come, first-served basis to those applicants meeting the above criteria.
- Applicants for child care assistance must apply with CCS for assistance FIRST prior to submitting an application for YMCA assistance.
- Once notified that assistance is awarded, the applicant has three days to register. After three days, the financial assistance will be awarded to the next qualified candidate.

To apply:

1. Complete the attached financial assistance form at least one month prior to a program event or membership join date.
2. Submit form, along with entire income tax form for latest year. Include Schedule C if applicable. We do not accept paycheck stubs as proof of income. Other accepted income forms include:
 - Food stamps
 - Welfare
 - Other proof of state/federal agency assistance
3. The financial assistance committee meets the last Friday of the month to review applications.
4. Once notified, recipients have three days to register before offer expires.

Application for Financial Assistance

Please complete the following information and attach the necessary documents. Applications without an income tax form may submit another federal or state document verifying financial assistance such as welfare, food stamps, etc. Please note: Incomplete applications, such as applications without tax or income documentation, will not be processed.

Applying for: Membership Child care Program: _____

Date: _____ Date of birth: _____ Age: _____

Name: _____ Home phone: _____

Address: _____ Work phone: _____

City, state, zip: _____

Employer: _____ How long: _____

Spouse? Yes or No Spouse's name: _____

Spouse employer: _____ Spouse Birthdate: _____

Only children living at home who are claimed on income tax may be listed below:

Child's name: _____ Date of birth: _____

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Child's name: _____ Date of birth: _____

Are you a single-parent household? Yes No

Are you a single-income household? Yes No (If no, provide income verification for all employed.)

Have you ever applied for Palestine YMCA assistance before? Yes No

Present income level: _____ Under \$8,000
_____ \$8,001-\$12,000
_____ \$12,001-\$18,000
_____ \$18,001-\$20,000
_____ \$20,001-\$25,000
_____ Over \$25,000

What amount can you pay for the above program or membership?

Membership: \$ _____ per month

Program: \$ _____ per session

Child care: \$ _____ per week

What benefits do you anticipate if awarded assistance to a program or membership?

Why are you applying for assistance?

Please itemize monthly income and expenses:

Income

Wages, salaries, tips _____

Unemployment _____

Social security _____

Child support _____

Aid for dependent children _____

Food stamps _____

401 K retirement _____

Alimony _____

Welfare _____

Other income _____

Total income _____

Expenses

Rent/mortgage _____

Utilities _____

Food _____

Cable or Satellite _____

Internet _____

Clothing _____

Car and insurance _____

Alimony _____

Child support _____

Medical _____

Other _____

By signing below, I agree that all of the above information is true and accurate. Failure to include all correct income information could result in loss of financial aid and/or legal action.

Signature: _____ Date: _____

The financial assistance committee meets the last Friday of the month. Applicants awarded assistance will be contacted by phone. Please call Candy Dillon or Cathy Gipson at the Palestine YMCA for more information. Thank you.