



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# ALWAYS WELCOME AT THE Y

At the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. Each year, we provide over \$130,000 in financial assistance locally, thanks to generous gifts from our members and donors through our annual giving campaign, grants and special events.

## Applying for Assistance

Our Financial Assistance program helps make YMCA membership and programs affordable for all through an income-based sliding fee scale. To get started:

1. Complete a short Financial Assistance application, return it to the Y and we'll find the membership or program rate that works for you.
2. Submit copies of the following applicable documents:\*
  - Most recent year's Federal Income Tax Form (1040 form)
  - Two most recent (consecutive) paycheck stubs
  - Social Security/Disability Income
  - Proof of any other household income
  - Child Support
  - Unemployment
  - Worker's Comp
3. You will be contacted regarding approval within 5 business days via e-mail or phone.

**\*Include copies for all individuals contributing to household income.**

Financial Assistance is awarded for a 12 month period. At the end of that period you will be asked to submit new paperwork. The YMCA has the right to adjust your rate at this time.

# CONFIDENTIAL APPLICATION

## PRIMARY ADULT (please print legibly)

First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_

## SECOND ADULT (living in same household)

First & Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

## DEPENDENTS/ADDITIONAL MEMBERS (living in same household)

First & Last Name \_\_\_\_\_ DOB \_\_\_\_\_ First & Last Name \_\_\_\_\_ DOB \_\_\_\_\_  
First & Last Name \_\_\_\_\_ DOB \_\_\_\_\_ First & Last Name \_\_\_\_\_ DOB \_\_\_\_\_  
First & Last Name \_\_\_\_\_ DOB \_\_\_\_\_ First & Last Name \_\_\_\_\_ DOB \_\_\_\_\_

## WHAT TYPE OF MEMBERSHIP ARE YOU APPLYING FOR?

Adult     Adult Couple     1 Adult Household     2 Adult Household     Senior     Senior Couple     Young Adult

## WHAT TYPE OF PROGRAMS ARE YOU APPLYING FOR?

## ADDITIONAL INFORMATION

Please explain why you would like to be considered for financial assistance through the YMCA of Natrona County?

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## SUPPORTING THE Y

Financial Assistance is made possible through the generosity of donors and members. Are you willing to share your YMCA story to help support the Y's fundraising campaign?     Yes     No

Are you willing to volunteer?     Yes    In what area(s)? \_\_\_\_\_

## HOUSEHOLD INCOME

Monthly income from all household wages & salaries (before taxes or other deductions)?    Adult 1 \$ \_\_\_\_\_

Adult 2 \$ \_\_\_\_\_

Other income – child support, unemployment, social security, disability, etc.    \$ \_\_\_\_\_

TOTAL MONTHLY INCOME    \$ \_\_\_\_\_

## CERTIFICATION OF NEED

I certify that the information listed on this form is correct to the best of my knowledge. I understand that the YMCA of Natrona County is a nonprofit organization and that financial assistance is made possible through the generosity of donors and members. I understand that financial assistance will be awarded on a first-come, first-serve basis. I agree to notify the Y if my financial situation improves, so that my financial assistance can be reevaluated, thus providing more opportunities for others in our community. I understand that to maintain my financial assistance, the YMCA requires me to re-apply annually. Failure to do so may lead to the reconversion of my financial assistance or the termination of my membership.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY

Membership Type \_\_\_\_\_ Membership Discount (%) \_\_\_\_\_ Program Discount (%) \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Contacted by \_\_\_\_\_ Date \_\_\_\_\_