



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Financial Assistance Program

Made possible by the **Caring for Community Fund**

Financial Assistance is granted on the basis of need and available resources. Each year funds are raised in the community through our Caring for Community Fund. The required documentation is necessary and mandatory; applications will not be reviewed without it. All information is kept confidential, the Financial Assistance Supervisor and the Director of the program you are participating in will have knowledge of the application. Please contact us at (315)462-6184 with any questions.

The YMCA does reserve the right to deny any application due to lack of funds, proof of income, or required documentation.

### Our Mission

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

### Our Promise

Our promise is to never turn anyone away from the YMCA for their inability to pay.

### Our Focus

Youth Development, Healthy Living, Social Responsibility

### INSTRUCTIONS

Please submit the completed Financial Request Form (next sheet) and copies of **ALL** required documentation (see below) to the Member Service Desk. Applications missing information or documentation will not be accepted.

Thank you!

### REQUIRED DOCUMENTATION

- Federal Income Tax form 1040 or proof of non-filing status. To receive proof of non-filing call 1-800-829-1040
- TWO** current consecutive pay checks stubs or unemployment check stubs
- Government assistance verification (Disability statement, Social Security statement, Case Benefit history, Foster Care assistance, etc.)
- Other assistance verification (Child Support, Alimony, Student Loans and/or Grants)
- For child care assistance – attach completed registration forms

**Please note if you are currently receiving funds from DSS, you may be eligible for additional funds.**

**Please contact the YMCA for details**

## Financial Request Form

CONFIDENTIAL INFORMATION

The YMCA is a nonprofit association offering opportunities for personal growth and service to others. Funds for assistance are made possible through donations to our annual **Caring for Community Fund**. Within our availability of resources, every effort will be made to

Clifton Springs YMCA  
5 Crane Street  
Clifton Springs NY 14432  
315.462.6184  
www.csaymca.org



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accommodate all who wish to participate in YMCA programs and services. No one will be denied access to any YMCA program or service solely on the inability to pay.

Type:  Membership  Program  SACC/Summer Camp  
(Circle One) NEW RENEWAL

Name of Applicant: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Sex: M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Legally Married Spouse: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Sex: M / F

Spouse's Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Household Size: # of Adults \_\_\_\_\_ # of Children \_\_\_\_\_  
Children (legal dependents 18 & under, or up to 21 if full-time student)

Dependents:	Relationship to Applicant:	Birth date:	Sex:	School/College Attending:
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____

Have you ever received financial assistance from a YMCA? YES / NO Where?  
\_\_\_\_\_

**MUST BE COMPLETED BY APPLICANT FOR CONSIDERATION**

Required documentation must be provided for every line item

MONTHLY GROSS INCOME	Applicant	Spouse
Salary/Wages	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Govt. Assistance (SSI or disability)	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
School Loans/Grants (after tuition)	\$ _____	\$ _____
Other Income	\$ _____	\$ _____

I certify that the above information is true and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Length of Assistance: 3 6 12 months

Subsidy: \_\_\_\_\_%

Approved by: \_\_\_\_\_

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