



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WE'RE HERE TO HELP YOU

## YMCA OF CENTRAL STARK COUNTY

### FINANCIAL ASSISTANCE PROGRAM

#### APPLICANT INFORMATION

Name	DOB
Address	
City	Zip
Phone	Cell
E-mail	
If applicant is under 18, Parent or Guardian's name (s):	
Phone	E-mail

#### ALL PERSONS LIVING IN THE HOUSEHOLD

Please mark each family member applying for assistance, including yourself.

Name	DOB	AGE	GENDER
<input type="checkbox"/> Parent/Adult			
<input type="checkbox"/> Parent/ Adult			
<input type="checkbox"/> Child			
<input type="checkbox"/> Child			
<input type="checkbox"/> Child			
<input type="checkbox"/> Child			
<input type="checkbox"/> other			
<input type="checkbox"/> other			

#### TYPE OF ASSISTANCE REQUESTED:

NEW

RENEWAL

##### Membership

- Adult: Age 24 and over; includes children under 6
- Family: 2 Adults + dependent children through age 25 in household
- Youth: Ages 6-12
- Teen/Young Adult: Ages 13 - 23
- Senior: Age 65 and over
- Senior Couple: One adult age 65+

##### Programs

- Youth Sports
- Swim Lessons
- Gymnastics
- Team Program Fees
- Child Care Services
- Camp Tippecanoe

#### YMCA MISSION:

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

#### OUR PROMISE

No one will be turned away from the YMCA due to the inability to pay.

# YMCA Financial Assistance

**COVID Financial Assistance now available!** You will be approved On the Spot for 6 months of assistance by providing either of the following documents:

- ◇ State of Ohio Determination of Unemployment Compensation Benefits
- ◇ Letter of Layoff/Furlough from employer on company letterhead

To qualify for **On The Spot** assistance, provide any of the following documents:

- ◇ HEAP (Ohio Home Energy Assistance Program)
- ◇ Ohio Department of Medicaid (medical benefits)
- ◇ Ohio Department of Job and Family Services (Cash Assistance)
- ◇ Ohio Department of Job and Family Services (Food Assistance)
- ◇ Ohio Department of Job and Family Services (Child Care Assistance)
- ◇ Ohio Head Start
- ◇ SMHA Housing Voucher

To qualify for **Traditional** financial assistance, provide the following documents that may apply:

- ◇ 1040, 1040EZ or 1040A (Most recent)
- ◇ Most recent 30 days income of all wage earners in household
- ◇ Court Order Verification for Child Support
- ◇ Verification of any government assistance
- ◇ Current Social Security or Disability Documentation
- ◇ Proof of Employment
- ◇ Proof of college financial aid
- ◇ Proof of any other source of income

## TELL US MORE

Use this space to include any additional information or extenuating circumstances that were not included on the form.

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By my signature, I am requesting assistance from the YMCA due to my personal circumstances, and I certify that all the information provided is correct.

Signature

Date

What is your preferred method of contact?: \_\_\_\_\_

## FOR OFFICE USE:

Item	Total per month	Total per year
Gross income (all wages and tips)		
Child Support		
Social Security Benefits		
Unemployment		
Government assistance		
Any other income		
Total annual income:		\$ _____

Approved: Yes \_\_\_\_ No \_\_\_\_

Amount assisted : \_\_\_\_%

Notes:

Staff Signature

Date