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
□ Parent/Adult
□ Parent/Adult
□ Child
□ Child
□ Child
□ Child
□ Child
□ other
□ 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

Please note if you are applying for Financial Assistance for child care or day camp all of the above options require a denial letter from the Department of Job and Family Services.

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

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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Total per month</th>
<th>Total per year</th>
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</thead>
<tbody>
<tr>
<td>Gross income (all wages and tips)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
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<tr>
<td>Social Security Benefits</td>
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<tr>
<td>Unemployment</td>
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<tr>
<td>Government assistance</td>
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<tr>
<td>Any other income</td>
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<td></td>
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<tr>
<td>Total annual income:</td>
<td>$_______________</td>
<td></td>
</tr>
</tbody>
</table>

Approved: Yes _____ No _____
Amount assisted: _____%
Notes:

Staff Signature ___________________________ Date ___________