



SEWICKLEY VALLEY YMCA

FINANCIAL ASSISTANCE APPLICATION

The Sewickley Valley YMCA financial assistance fulfills our mission to serve all people. At the Y, no one is turned away for inability to pay. Financial Assistance is supported by the Annual Campaign, which helps to provide child care for working parents, sends kids to camp, helps families and individuals stay active, and keeps seniors young at heart. The Y maintains confidentiality of all financial information received in the application process.

Applications are evaluated individually depending upon demonstrated financial need and tied to the Federal Poverty Guidelines, offering a range of assistance to fit the financial situation of our community.

To be considered eligible for financial assistance, each applicant must complete this form and submit verification of all household income, regardless if all household members choose to be on the membership or not, ensuring an equitable process. Individuals must apply for assistance before registering for a program or day camp, and aid will not be backdated.

Documentation of all household income includes the following:

- Most current and complete 1040 tax forms. If income tax was not filed for the past year, a letter verifying Non-Verification of Filing Status, must be included. If unemployed but still waiting to receive payments, include a letter from the state regarding the claim status.
- Documentation of dependents is required if they are not listed on tax returns (under the age of 18), i.e., birth certificate, school records, or legal filings.
- Proof of unemployment
- Court order verifying child support or alimony
- Current Social Security documentation
- Verification of government assistance
- Proof of any other source of income
- Most recent paystubs, if there has been a change since tax filings

Eligibility for assistance must be renewed annually with an updated application and supporting documentation. If a renewal application and the supporting documentation are not submitted by the anniversary date, your membership will be canceled. Please contact Chellsa Marney, Director of Membership & Community Engagement, for more information at 412-741-9622 ext. 104 or cmarney@sewickleymca.org

PRIMARY ADULT

Name: _____

Birthdate: _____ M F

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

ALL PERSONS LIVING IN HOUSEHOLD

Name	Birthdate
_____	_____ M <input type="radio"/> F <input type="radio"/>
_____	_____ M <input type="radio"/> F <input type="radio"/>
_____	_____ M <input type="radio"/> F <input type="radio"/>
_____	_____ M <input type="radio"/> F <input type="radio"/>
_____	_____ M <input type="radio"/> F <input type="radio"/>
_____	_____ M <input type="radio"/> F <input type="radio"/>

I AM APPLYING FOR

Membership Type _____ Programs Camp Child Care

MONTHLY APPLICANT & HOUSEHOLD INCOME

Adult 1 Adult 2

Please designate your employment status:
Full-time, part-time, unemployed or student

Gross income (for all wages and tips)

Child Support

Social Security monthly income

Unemployment

Government Assistance

Any other income, please designate

Total income

MONTHLY EXPENSES

Rent/Mortgage

Utilities

Food

Medical

Car/Insurance

Child Care

Child support

Student Loans

Other

Total Expense

TELL US MORE... Use this space to include a brief explanation of need for financial assistance (for example, employment status, health needs, changes in family/household status).

APPLICATION AGREEMENT

I acknowledge by my signature below, that all of the information on this form is accurate and complete. I understand that falsification or non-disclosure of information will result in denial of assistance or immediate termination of already awarded aid. I acknowledge that I am responsible for submitting my renewal application 30 days prior to my expiration date. Failure to renew my application will result in termination of my membership. If there are changes to my income, I will notify the YMCA.

Signature of applicant _____

Date _____

FOR OFFICE USE ONLY

Approved Yes No

Membership Type: _____

Financial Assistance %: _____

Monthly Fee: _____

Notified by email: _____

Notified by phone: _____

Date: _____

Notes: _____

In person: _____

Left message: _____

Staff initials: _____