



# South Shore YMCA Financial Assistance Application

*We build strong kids, strong families, strong communities*

*In order to better serve you, the South Shore YMCA offers a 30 day TRUST and VERIFY welcome period for Financial Assistance applicants. All required documentation must be submitted within 2 weeks of Membership Activation Date. In the interim, we welcome you to enjoy all the wonderful benefits our YMCA facility has to offer.*

\* Please Print \* Be certain to attach all required documents \*

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

Please list additional people living in your household, whether related or not.

Name	Date of Birth	Employer/School	Email

I am applying for financial assistance for the following: (check all that apply)

- Membership and/or  Programs (list type of program(s) \_\_\_\_\_)  
 Mill Pond  Quincy  Passport

Membership Type:

- 1 Adult / 1 Youth (0-9)  Junior (10-22)  Young Adult (23-27)  Adult (28-64)  Senior (65+)  Household  
 Passport

Have you ever applied for a financial assistance at the South Shore YMCA before?  No  Yes

### Financial Information

\* Please itemize your monthly, Pre-tax income and selected expenses:

	Monthly Income		Monthly Expense
Gross wages, salary and tips	\$ _____	Rent or Mortgage	\$ _____
Unemployment Compensation	\$ _____	Utilities	\$ _____
Social Security	\$ _____	Medical Expenses	\$ _____
Child Support	\$ _____	(Other expense please list)	\$ _____
AFDC/TANF	\$ _____	_____	_____
Food Stamps	\$ _____	_____	_____
Retirement Income (Non-Social Security)	\$ _____	_____	_____
Other Income (Alimony, interest, dividends)	\$ _____	_____	_____
<b>Total Monthly Income</b>	<b>\$ _____</b>	<b>Total Monthly Expenses</b>	<b>\$ _____</b>

Please detail any special circumstances that we should know in order to make an informed decision on your application: \_\_\_\_\_

#### \*IMPORTANT\*

If you are receiving AFDC/TANF, unemployment, food stamps and/or Social Security, you must attach a copy of your grant notification form(s).T\*

To complete your application you must attach the following copies:

- Most recent copy of your Federal income tax form
- Four consecutive pay stubs
- Copy of your Mortgage Statement or Rental Agreement
- Utility bills

Signature \_\_\_\_\_

Date \_\_\_\_\_

***I attest that all of the information provided is true:***

**SOUTH SHORE YMCA**  
**FINANCIAL ASSISTANCE POLICY PROCEDURE**

*Financial Assistance is made possible by charitable contributions from our Y friends and Y members during the Strong Kids Annual Support Campaign. If you are interested in volunteering for the Strong Kids Annual Support Campaign for information on the Strong Kids Campaign please visit our website at [SSYMCA.org](http://SSYMCA.org).*

**MISSION STATEMENT**

The South Shore YMCA is a not-for-profit association of individuals dedicated to improving the quality of life for all through programs that promote healthy spirit, mind and body. Rooted in Christian tradition and values, the YMCA seeks to serve all people regardless of age, gender, race, religion or economic circumstances.

**POLICY STATEMENT**

It is the policy of the South Shore YMCA to provide services to all that wish them regardless of their ability to pay. While the YMCA sets fees at rates affordable to the majority of residents in our service area, financial assistance is available to those who cannot afford the fees. Assistance is awarded based on each applicant's ability to pay and the funds available.

**ELIGIBILITY**

Financial assistance will be granted based on the need demonstrated by household income, expenses and/or extenuating circumstances. Applicants are required to pay a portion of the program fee for which they are requesting assistance. This contribution demonstrates both a desire and a commitment to participate.

**MEMBERSHIP PROCESS**

A 30-day TRUST and VERIFY membership will be activated immediately upon filling out the membership application. First payment is as follows:

**Household = \$20.00 / Adult = \$20.00 / Senior = \$20.00 / Young Adult = \$20.00 / Junior = \$10.00**

The monthly payments will change based upon income and expense documentation required within 2 weeks of application date. If you have applied through the TRUST & VERIFY system in the past, but did not activate your membership, you must submit a financial assistance application and wait for approval before activating your membership.

**APPLICATION**

Determinations for Financial Assistance award are based on a TRUST and VERIFY system. **All required documentation must be submitted within 2 weeks of Membership Activation Date.** Please attach a copy of your most recent 1040 Federal Tax return and copies of your last four consecutive pay stubs. If you are exempt from paying taxes, send verification of income received from federal, state, or local agencies. Please attach a copy of your rent or mortgage agreement, utility bills, and other receipts or cancelled checks as needed to complete the form.

**APPROVAL PROCESS**

Upon receipt of all required documentation, financial assistance applications will be reviewed to determine a monthly fee by the Financial Assistance Coordinator within two weeks. This information is kept confidential. If you have questions regarding this process, please call the Financial Assistance Coordinator at the Hanover Mill Pond branch @ (781) 829-8585 ext. 308 or the Quincy branch (617) 479-8500 ext. 150.

**PAYMENT PROCESS**

After notification by Financial Assistance Coordinator, payments for membership and programs should be made at the front desk or mailed to either 75 Mill Street, Hanover, MA 02339, or 79 Coddington Street, Quincy, MA 02169 Attention: Financial Assistance Coordinator.