

SOUTH SHORE YMCA

MEMBERSHIP, PROGRAM & DAY CAMP FINANCIAL ASSISTANCE 2023

The South Shore YMCA is committed to providing YMCA membership, programs and services to individuals and families, regardless of ability to pay. Financial assistance is made possible by charitable contributions from our Y community through our Annual Campaign. Assistance is awarded based on income level and funds available.

ELIGIBILITY

Financial assistance to subsidize Y programs and membership is granted based on the need demonstrated by household income and/or extenuating circumstances. Applicants are required to pay a portion of the Y program fee for which they are requesting assistance. Any individual or family may seek financial assistance by completing this **Financial Assistance Application** form and submitting all required documentation. See "Application Guidelines" section for details.

FINANCIAL ASSISTANCE PROCESS FOR Y PROGRAMS

Financial Assistance for South Shore YMCA programs (excluding personal training and private lessons) is available for Y members and non-members. Please return the Financial Assistance Application form to the Y two weeks prior to program registration for processing. If you do not receive your final Financial Assistance approval prior to the registration date, you will be required to pay for the program in full. Adjustments may be applied once approval is complete. Please reach out to the Membership Director for guidance prior to registration dates.

FINANCIAL ASSISTANCE PROCESS FOR Y MEMBERSHIP: "TRUST & VERIFY"

A 30-day "Trust and Verify" period will be activated immediately upon completing the **Financial Assistance Application** form with the Y Member Services staff while we review and process your application and documentation.

HOW TO APPLY

- An individual or family may apply for Financial Assistance by completing the **Financial Assistance Application** in full and submitting all required documentation.
- Applications and required documentation must be presented in person or by mail to the Hale Family YMCA or Emilson YMCA Membership Director. All applications remain confidential.
- Your application will be reviewed and a Financial Assistance Award Letter will be mailed within 2 weeks of receipt of documentation.
- New "Trust & Verify" members who do not turn in a complete application/documentation within 21 days will revert to the full price monthly dues.
- Financial assistance awards are effective for one year from the Financial Assistance Award Letter date.
- You will receive a reminder when your award is about to expire to reapply for the following year.

REQUIRED DOCUMENTATION

Attach to this form a copy of your most recent 1040 Federal Tax return (first 2 pages) or Schedule C if self-employed. If you are not legally obligated to file taxes, please provide the following documents to verify income:

- A copy of your most recent bank statement(s) including the deposits page
- One month's worth of pay stub(s) for all current jobs
- Letter from employer stating rate and frequency of pay
- Statements for all government assistance received (TAFDC, SSI, DTA, child support, alimony, etc.)

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MEMBERSHIP, PROGRAM & DAY CAMP FINANCIAL ASSISTANCE APPLICATION FORM

IF APPLYING FOR Y MEMBERSHIP, YOU MUST COMPLETE A MEMBERSHIP PACKET AT Y WELCOME DESK ALONG WITH THIS FORM

APPLYING FOR CHOOSE ALL THAT APPLY: ☐ Membership: ☐ New ☐ Renewal ☐ Programs ☐ Day Camp

TODAY'S DATE / / **HOME BRANCH** ☐ Emilson YMCA ☐ Hale Family YMCA

PRIMARY APPLICANT NAME **BIRTHDATE** / /

EMAIL **GENDER** ☐ M ☐ F ☐ Unspecified

HOME PHONE **CELL** **WORK**

EMPLOYER **TITLE**

EMERGENCY CONTACT **PHONE**

HAVE YOU APPLIED FOR FINANCIAL ASSISTANCE AT THE SOUTH SHORE YMCA BEFORE? ☐ YES ☐ NO

TOTAL ESTIMATED ANNUAL GROSS INCOME FOR HOUSEHOLD: \$

NUMBER OF PEOPLE IN HOUSEHOLD

APPLICANT INFORMATION COLLECTED FOR GRANTS AND DEMOGRAPHIC REPORTING

ETHNICITY ☐ Asian/Pacific Islander ☐ African American / Black ☐ Hispanic ☐ Native American ☐ Caucasian / White ☐ Unspecified

PREFERRED LANGUAGE ☐ English ☐ Arabic ☐ Chinese ☐ Portuguese ☐ Spanish ☐ Other

FAMILY/HOUSEHOLD INFORMATION Additional adults must show i.d. for address verification

NAME	GENDER	RELATIONSHIP	DOB	EMERGENCY CONTACT PHONE

INCOME VERIFICATION & DOCUMENTATION

PROOF OF INCOME 1: CHOOSE ONE	VERIFIED	PROOF OF INCOME 2: CHOOSE ONE	VERIFIED
<input type="checkbox"/> IRS form 1040 – page 1 and 2 only (year:)	<input type="checkbox"/>	<input type="checkbox"/> Current Lease Lessor's Name:	<input type="checkbox"/>
<input type="checkbox"/> Unemployment Letter	<input type="checkbox"/>	<input type="checkbox"/> Utility Bill	<input type="checkbox"/>
<input type="checkbox"/> Four consecutive pay statements	<input type="checkbox"/>	<input type="checkbox"/> Bank Statement	<input type="checkbox"/>
PROOF OF GUARDIANSHIP (IF REQUESTED) <input type="checkbox"/> School Report <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other:	<input type="checkbox"/>		<input type="checkbox"/>

To protect the privacy of applicants, all documents containing Personal Identifiable Information (PII) will be stored in a locked cabinet or safe until verified by the approver. PII consists of Social Security number, bank account and credit card information, or a driver's license, state ID, or Federal ID number.

- Verification will be made by a supervisory level staff or designated part time staff. In no case can the employee who processes the transaction verify the financial aid documentation.
- Once the verification process is completed, all documents containing Personal Identifiable Information will be destroyed.
- Documents can be mailed or dropped off at the Y. Scans/photos of documents **may not** be sent electronically by text or e-mail.
- YMCA staff may make one copy of documents if the applicant only has originals. Copies will be stored in a locked cabinet or safe until action is taken and the original returned to the member. **Under no circumstances will digital copies be accepted or saved.**

STAFF VERIFICATION & APPROVAL

APPLICANT NAME _____	APPROVED DISCOUNTS
ANNUAL INCOME _____	<input type="checkbox"/> MEMBERSHIP _____
START DATE _____ END DATE _____	<input type="checkbox"/> PROGRAM _____
The above documents and the applicant meet the requirements for financial assistance:	<input type="checkbox"/> DAY CAMP _____
STAFF REVIEWER NAME: _____	STAFF REVIEWER SIGNATURE & DATE: _____
SUPERVISOR NAME: _____	SUPERVISOR APPROVAL SIGNATURE & DATE: _____