

SOUTH SHORE YMCA MEMBERSHIP, PROGRAMS, DAY CAMP FINANCIAL ASSISTANCE 2022

The South Shore YMCA is committed to providing YMCA membership, programs, camps 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, camps 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 fee for the Y program 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.

PROGRAMS & CAMP: FINANCIAL ASSISTANCE PROCESS

Financial Assistance for South Shore YMCA programs is available for Y members and non-members. **Please return the Financial Assistance Application form and required documentation to the Y Member Services Team at least two weeks prior to program or camp 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 program and camp registration dates.

MEMBERSHIP: FINANCIAL ASSISTANCE PROCESS - "TRUST & VERIFY"

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

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.
- **Completed applications and required documentation must be presented in person** to the Quincy YMCA or Emilson YMCA Membership Director. All applications remain confidential.
- Your application will be reviewed by our Y staff and approved by a Y supervisor.
- If approved, you will receive your unique program, camp and/or membership rate. This Financial Assistance award rate is 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

Along with this form, provide the following documentation for all adults over the age of 18 living in the household:

1. **Proof of Address:** Current lease/mortgage, driver's license, car insurance, change of address form or bank statement
2. **Proof of Income:** 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 one 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.)

SOUTH SHORE YMCA
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MEMBERSHIP, PROGRAM & DAY CAMP FINANCIAL ASSISTANCE APPLICATION FORM

APPLYING FOR CHOOSE ALL THAT APPLY: Membership Programs Day Camp

TODAY'S DATE ___ / ___ / ___ **HOME BRANCH** Emilson YMCA Quincy 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: \$ _____ **# 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

1. PROOF OF INCOME: CHOOSE ONE	VERIFIED	2. PROOF OF ADDRESS: CHOOSE ONE	VERIFIED
<input type="checkbox"/> IRS form 1040 Page 1 & 2 only or Schedule C if Self-Employed	<input type="checkbox"/>	<input type="checkbox"/> Current Lease / Mortgage	<input type="checkbox"/>
<input type="checkbox"/> Unemployment Letter	<input type="checkbox"/>	<input type="checkbox"/> Bank Statement	<input type="checkbox"/>
<i>If not legally obligated to file taxes, provide one of the following</i>		<input type="checkbox"/> Drivers's License or Car Insurance	<input type="checkbox"/>
<input type="checkbox"/> Four consecutive pay statements for all current jobs	<input type="checkbox"/>	<input type="checkbox"/> USPS Change of Address Form	<input type="checkbox"/>
<input type="checkbox"/> Most recent bank statement (including deposits page)	<input type="checkbox"/>		
<input type="checkbox"/> Letter from employer stating rate & frequency of pay	<input type="checkbox"/>		
<input type="checkbox"/> Statements of all government assistance	<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"/>

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 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 \$ _____ SGA Number _____	<input type="checkbox"/> PROGRAM _____
START DATE _____ END DATE _____	<input type="checkbox"/> MEMBERSHIP _____
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: _____