



The YMCA of Pueblo

## Financial Assistance Application

### Directions for Financial Assistance:

- Fill out this packet and **set up an appointment time with the YMCA. Please include information for EVERYONE in the household.**
- Gather proof of any and ALL income and assistance coming into the household. This may include, but is not limited to:
  - Salary/Wages: The most recent pay stubs for the MONTH. This is REQUIRED for all employed members in the household. A bank statement can be used instead, if check stubs cannot be obtained (if using direct deposit).
  - Child Support/Alimony: Include proof of legal document or court order showing the amounts received each month.
  - Food Stamps: Documentations must indicate the name of the person receiving assistance and the dollar amount received each month.
  - Family and Friends: If you are receiving assistance from a friend or family member, please provide a signed letter from the person stating how much they are giving per month.
  - SSI, Disability, Unemployment, and Cash Assistance: A current award letter from whichever applies.
  - School Refund: A Financial award letter that shows the amount the beneficiary receives in total and the amount that is **returned to the individual after classes and books are paid for.**
- **Write your story.** Our financial assistance program is funded by donations and stories are used during our annual campaign to encourage community members to donate. Your name and identifying information will not be used without permission. **This is required.**
- Call the YMCA to Schedule an appointment for financial assistance approval. No same day appointments. Appointments are available Wednesday, Thursday and Fridays. Appointments are given on a first come first served basis, so we encourage you to call as early as you can.
- **PLEASE BRING ALL OF THE INFORMATION LISTED ABOVE TO YOUR SCHEDULED APPOINTMENT. IF YOU DO NOT BRING THIS PROOF, YOU WILL NOT BE APPROVED AND YOU WILL HAVE TO RESCHEDULE.**

At the time of the appointment, you will be given your approval information. Once you receive this information, you can choose to start the billing process/sign up the same day as your appointment. If your are unable to at the time of your appointment, we will keep your approval information for **30 days**. If you do not sign up within the 30 days your information will be shredded and you will need to make another appointment.



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Additional information:

- The maximum discount offered through financial assistance is 50%. Please ask for rates for further pricing information. **The YMCA does not give free memberships through financial assistance.**
- During the appointment, you will be asked about your monthly expenses. If your expenses EXCEED your INCOME, you may not be approved. The YMCA does not want to be a financial burden on your family.
- Financial assistance recipients must **CHECK-IN 8 TIMES A MONTH.**
- At the interview you will be told the length of your approval. If it is your first time applying, or if your account has been inactive for more than 30 days, your approval will be 3-6 months. After initial approval, you can be approved for up to a year. At every reapplication, you must fill out a new financial assistance packet, provide proof of income, and schedule an appointment. Talk to any membership staff one month before your approval time ends to schedule a new appointment. Any account that is inactive for more than 30 days will have to repay the joining fee.
- Once approved for financial assistance, **you must reapply if another person joins your household.**
- Your information will be kept confidential. The YMCA will not keep any of your income documentation. It will be reviewed in the interview and given back to you immediately. The information collected from the appointment will only be shared with YMCA administrative staff and directors.
- If you want to pay month-to-month, YOU MUST HAVE A CREDIT/DEBIT CARD OR BANK ACCOUNT ON FILE. If you do not have any of these 3 items you will need to pay for 3-MONTHS, 6-MONTHS or a YEAR in advance.
- IF YOUR PAYMENT METHOD IS DECLINED FOR INSUFFICIENT FUNDS OR A CLOSED ACCOUNT MORE THAN 3 TIMES DURING A 12-MONTH PERIOD, YOUR FINANCIAL ASSISTANCE WILL BE SUSPENDED FOR 6 MONTHS. After 6 months, you may reapply. It is the members responsibility to notify the Y and change the billing method if a credit card is cancelled due to fraud.
- Once approved please go to the department of choice to grab the necessary information to start the sign up process.

I acknowledge the above guidelines, and being in sympathy with the Mission Statement of the YMCA of Pueblo, I hereby apply for the Financial Assistance Program.

Signature \_\_\_\_\_ Date: \_\_\_\_\_





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Complete Sign and attach all paperwork to your application before appointment.

\_\_\_ New Application \_\_\_ Renewal Application (Date of last award\_\_\_\_\_)



Name: \_\_\_\_\_ Date of Birth\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ State\_\_\_\_\_

Zip:\_\_\_\_\_ Cell Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_

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

Place of Employment:\_\_\_\_\_ How long?\_\_\_\_\_



Do you share expenses? \_\_\_ Yes \_\_\_ No Total number in household:\_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School/Employer: \_\_\_\_\_ Requesting assistance?

\_\_\_\_\_ Yes \_\_\_ No

\_\_\_\_\_ Yes \_\_\_ No

\_\_\_\_\_ Yes \_\_\_ No

\_\_\_\_\_ Yes \_\_\_ No

\_\_\_\_\_ Yes \_\_\_ No

\_\_\_\_\_ Yes \_\_\_ No



Are you or any person in your household on a state or national sex offender registry?

\_\_\_ Yes \_\_\_ No

Are you a single parent or head of household?

\_\_\_ Yes \_\_\_ No

**Financial Request is for:**

\_\_\_ Membership \_\_\_ Child Care

\_\_\_ Programs \_\_\_ Camp

**What is the dollar amount you are willing to spend?**

\_\_\_ Membership \_\_\_ Daycare \_\_\_ Camp \_\_\_ Programs

**How do you see yourself benefiting from the Pueblo YMCA?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**How do you expect your monetary situation to improve within the timeframe that you are utilizing the facility?**

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- **The Financial Assistance program is funded by donations made through our community support campaign. The YMCA aims to spread these funds evenly throughout the community. Attached is a Share Your Story Form. Please have it filled out before your appointment.**

**Would you be willing to share this story? \_\_\_\_ Yes \_\_\_\_ No**



### **Income:**

	Adult #1	Adult # 2	# of Dependents	Other
Wages:				
SSI/Disability				
Unemployment				
Student Loans				
Child Support				
TANF				
Alimony				
Food Stamps				
Help from Family				
Other				

Total Combined Monthly income: \_\_\_\_\_

Annual Income: \_\_\_\_\_



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### Expenses:

	Adult #1	Adult #2	Other
Rent			
Utilities			
Car Payment			
Insurance			
Child support			
Medical			
Childcare			
Food			
Other			

Total Monthly Expenses: \_\_\_\_\_

I declare that the information provided is true and correct to the best of my knowledge. I agree to supply additional information the Pueblo YMCA may need to approve my request for financial assistance. I understand that the Pueblo YMCA has the right to recover the cost of aid provided if any information given by me proves to be false or incomplete. Financial assistance eligibility is ultimately the responsibility of the Financial Assistance Coordinator and I acknowledge the YMCA reserves the right to refuse services to anyone.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### **Financial Assistance Application**

For Office Use only:

\_\_\_\_\_ # in household      \_\_\_\_\_ Gross annual income

Date processed: \_\_\_\_\_

% of award approval: \_\_\_\_\_ Membership \_\_\_\_\_ Programs \_\_\_\_\_ Camp  
\_\_\_\_\_ Childcare

Approved by: \_\_\_\_\_