



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WE'RE HERE TO HELP YOU

## FINANCIAL ASSISTANCE PROGRAM

## ORRVILLE YMCA

### APPLICANT INFORMATION

Name	DOB
Address	
City	Zip
Phone	Cell
E-mail	
If applicant is under 18, Parent or Guardian's name (s):	
Phone	E-mail

### ALL PERSONS LIVING IN THE HOUSEHOLD

Please mark each family member applying for assistance, including yourself.

Name	DOB	AGE
<input type="checkbox"/> Parent/Adult		
<input type="checkbox"/> Parent/ Adult		
<input type="checkbox"/> Child		
<input type="checkbox"/> Child		
<input type="checkbox"/> Child		
<input type="checkbox"/> Child		
<input type="checkbox"/> other		
<input type="checkbox"/> other		

### TYPE OF ASSISTANCE REQUESTED:

<u>Membership</u>	<u>Programs</u>
<input type="checkbox"/> Adult: Age 21 and over; includes children under 6	<input type="checkbox"/> Child Care Services
<input type="checkbox"/> Family: 1 or 2 Adults + dependent children through age 25	<input type="checkbox"/>
<input type="checkbox"/> Youth: Ages 6-14	<input type="checkbox"/>
<input type="checkbox"/> Teen/Young Adult: Ages 15 - 20	<input type="checkbox"/>
<input type="checkbox"/> Senior: Age 65 and over	<input type="checkbox"/>
<input type="checkbox"/> Senior Couple: One adult age 65+	<input type="checkbox"/>

### YMCA MISSION:

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

### OUR PROMISE

No one will be turned away from the YMCA due to the inability to pay.

The YMCA offers two types of Financial Assistance: On the Spot and Traditional.

To qualify for **On The Spot** assistance, provide any of the following documents:

- ◇ HEAP (Ohio Home Energy Assistance Program)
- ◇ Ohio Department of Medicaid (medical benefits)
- ◇ Ohio Department of Job and Family Services (Cash Assistance)
- ◇ Ohio Department of Job and Family Services (Food Assistance)
- ◇ Ohio Department of Job and Family Services (Child Care Assistance)

To qualify for **Traditional** financial assistance, provide the following documents that may apply:

- ◇ 1040, 1040EZ or 1040A (Most recent)
- ◇ Most recent 30 days income of all wage earners in household
- ◇ Court Order Verification for Child Support
- ◇ Verification of any government assistance
- ◇ Current Social Security or Disability Documentation
- ◇ Proof of Employment
- ◇ Proof of any other source of income

**TELL US MORE**

Use this space to include any additional information or extenuating circumstances that were not included on the form.

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By my signature, I am requesting assistance from the YMCA due to my personal circumstances, and I certify that all the information provided is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE:**

Item	Total per month	Total per year
Gross income (all wages and tips)		
Child Support		
Social Security Benefits		
Unemployment		
Government assistance		
Any other income		
Total annual income:		\$ _____

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Amount assisted : \_\_\_\_\_%

Notes:

\_\_\_\_\_

Staff Signature

Date