

THE YMCA WELCOMES EVERYONE

Regardless of financial circumstances

TO APPLY FOR FINANCIAL SUPPORT, please return this completed application to the front desk of your local YMCA, with the proper documentation. Decisions regarding support will be made at the time of application.

One of the following will be required for minimum support of 20%*:

- 2 pay stubs
- Proof of public assistance
- Letter from employer
- Personal Letter

For greater support, up to 50%*, please bring IRS Form 1040, 2 pay stubs or letter from employer, and any other applicable documents below:

- Proof of public assistance
- Proof of Social Security or Disability assistance

All supporting documents will be viewed for income verification and returned. The Y will not retain any sensitive documentation.



At the YMCA of Metropolitan Dallas, we feel strongly that income should not be a barrier to becoming a member of the Y or participating in any of our programs.

Therefore, thanks in large part to our Annual Campaign, we offer financial support to anyone in our community whose income doesn't allow for gym membership, swim lessons, youth sports, camp, Afterschool programs, and so much more that the YMCA offers.

Anyone can apply to receive financial support. Eligibility for financial support and the amount of financial support that can be given is determined on an individual basis.

Your local YMCA will review your application, any and all of the financial documentation you can provide; please see the the application on the reverse side for a list of pertinent documents. You are also invited to include, with your application, a written and signed letter explaining any special circumstances that are impacting your financial well-being, because we realize that financials don't always paint the whole picture.

If you're ready to apply for financial support, please bring this application to your local YMCA branch. Applications will be processed, and any qualified awards will be given, at the time of application. Financial support can be renewed annually with updated financial documentation.

Thank you for considering being a part of the Y family. Your membership and participation are important to us!

YMCADallas.org/FinancialAssistance

*Financial Assistance discount does not apply to Personal Training. Discount awarded is not guaranteed and can be changed at any time.



YMCA Dallas Financial Assistance Application

SECTION TO BE FILLED OUT BY APPLICANT

Name: _____ Member #: _____ Address: _____ Email: _____ Emergency Contact: _____	Date of Birth: _____ City, Zip: _____ Phone: _____ Emergency Contact: _____
Number of Adults _____ Number of Children _____	

FAMILY MEMBERS

Name	Date of Birth	Gender

Are you willing to volunteer/share your story? Yes No

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation in full, and for all members of my household. I understand every adult in my household will count toward this award and I have listed them. I understand that this application expires annually on April 30th, and I must reapply as requested by the branch or program/product will return to full price.

Applicant Signature _____ Date _____

OFFICE USE ONLY

Automatic 20% with one of the following:			
Two Pay Stubs		Letter from Employer	
Proof of Public Assistance* - if qualified		Personal Request by Letter	
20%-50% Approval with the additional documents			
IRS 1040 - Required (W2s are not accepted)		Social Security/ Disability - if qualified	
*Proof of public assistance: WIC, SNAP, Food Stamps, Medicaid, TANF			

Gross Pay is used for Pay Stubs (INCOME REQUIRED FOR ALL ADULTS LISTED ON FORM)

				ADJUSTED GROSS INCOME	AMOUNT AWARDED
Name: _____	Name: _____			\$ _____	_____
Employer: _____	Employer: _____				
Pay Stub 1 \$ _____	Pay Stub 1 \$ _____				
Pay Stub 2 \$ _____	Pay Stub 2 \$ _____				
CIRCLE ONE: <input type="checkbox"/> Weekly <input type="checkbox"/> 2X Monthly <input type="checkbox"/> Monthly	CIRCLE ONE: <input type="checkbox"/> Weekly <input type="checkbox"/> 2X Monthly <input type="checkbox"/> Monthly				
Tax Return (use adjusted gross income line) \$ _____	Tax Return (use adjusted gross income line) \$ _____				Exp. Date: _____
Year of Return _____	Year of Return _____				

Other Monthly Household Income (total for the household)

Social Security or Disability \$ _____	Unemployment \$ _____	Pension and/or Retirement \$ _____	
Food Stamps \$ _____	Child Support/ Alimony \$ _____	All Other Public Assistance \$ _____	

A personal letter can be included with application about how the assistance will help them and explain why any of the boxed income verification cannot be provided. (Example: Have not filed taxes yet.)

Staff #1 Verification Signature _____	Staff #2 Verification Signature _____
Date _____	Date _____