



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Paris-Bourbon County YMCA

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**ALWAYS HERE FOR OUR COMMUNITY
FINANCIAL ASSISTANCE APPLICATION**

APPLICANT INFORMATION (please print)

Name: _____ Date of Birth: _____ Phone: _____
Street Address: _____ City/ State Zip: _____
Employer: _____ Work phone: _____ Email: _____

List all individuals residing in household

Spouse / Child(rens) Name	Date of Birth	Age	Relationship	Employer/School
_____	__/__/__	____	_____	_____
_____	__/__/__	____	_____	_____
_____	__/__/__	____	_____	_____
_____	__/__/__	____	_____	_____
_____	__/__/__	____	_____	_____
_____	__/__/__	____	_____	_____

I AM APPLYING FOR (Check only one category):

- Teen** (age 12 to 18)
- Young Adult** (age 19-25)
- Adult** (age 26 & older)
- Senior** (age 65+)
- Family** (2 adults and children)
- Two Adult** (2 adults)
- Senior Family** (2 adult and children)
- Two Senior** (2 senior adults)

WHAT IS THE FINANCIAL ASSISTANCE PROGRAM?

The Paris-Bourbon County YMCA believes in providing membership and program services to all who seek us out, without bias and regardless of ability, gender, race, ethnicity, sexual orientation, gender identity, income or other demographic attribute. Furthermore, we are committed to providing discounts on membership and program fees for those who demonstrate financial need. The Y's membership discount program, funded in part by our Annual Campaign, uses all available resources to provide support to those who have financial need and qualify for a discount.

WHO IS ELIGIBLE FOR FINANCIAL ASSISTANCE?

An active older adult on a fixed income, a single parent who is trying to make ends meet, a family in transition, someone who needs a little help for a while—all of these are the faces of the YMCA Financial Assistance Program.

HOW IS THE FINANCIAL ASSISTANCE AMOUNT DETERMINED?

The amount of assistance is based on the annual gross income and the number of dependents. We offer a sliding scale fee after completion of a confidential application.

IS IT POSSIBLE TO JOIN THE Y FOR FREE?

No. The Y believes a strong sense of ownership and pride is developed when the Membership Discount recipient contributes to the cost of their Y membership. Therefore, applicants will be asked to pay a portion of their membership and program fees.

HOW QUICKLY CAN I EXPECT TO GET APPROVED?

Complete applications will be reviewed within 10 working days. Please submit your completed application along with proof of income. You will receive a phone call indicating whether or not you've been approved and the cost of your membership.

HOW LONG WILL THE FINANCIAL ASSISTANCE CONTINUE?

The discount is generally granted for one year. If you are currently unemployed or waiting on SSI or other benefits, we will grant your discount for six months, after which you must reapply. Most participants must re-apply each year.

IS ASSISTANCE AVAILABLE FOR ALL PROGRAMS?

Assistance is available for memberships, most programs and child care. please see the membership representative for details on specific programs.

FINANCIAL ASSISTANCE APPLICATION

Assistance may not be awarded if any information is incomplete.

Did you, or anyone in the household, file federal income taxes last year? Yes No

If yes, who filed: _____ (W-2 not accepted. Must provide copy of Fed Tax Form 1040.)

If no, why not? _____

Does someone claim you as a dependent on Federal Income Taxes? Yes (Must include that person's income)

Please complete and provide documentation for all sources of income from all adults in the household. Lack of documentation may prevent you from receiving a discount.

- Monthly wages earned by all wage earners in the household. Must provide most recent 30 days of pay stubs for all wage earners. _____ Monthly
- Income earned as Independent Contractor _____ Monthly
- Unemployment benefits _____ Monthly
- Child support / alimony _____ Monthly
- Social Security / SSI _____ Monthly
- Food Assistance (SNAP) _____ Monthly
- Retirement / pension _____ Monthly
- Foster Parent per diem _____ Monthly
- Cash Assistance _____ Monthly
- HUD / Rental assistance _____ Monthly
- Cash payment for work performed (provide a letter from employer with average amount paid each month) _____ Monthly
- Other _____ Monthly
- Other _____ Monthly

TOTAL _____ Monthly

Above Monthly total x 12 = ANNUAL TOTAL _____

Also required for all individuals in household who filed federal income taxes:

Copy of 1040 Federal Tax Form and Schedule C if Self Employed. W-2 not accepted.

Total Gross Income from Tax Form for all filers: _____

What do you feel you can afford to pay per month? _____

Adults, not claimed as someone's dependent, who claim no income and/or have no documentation of income must provide a letter, on letterhead, from a social service agency or faith organization validating estimated household income and need for financial assistance.

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

I certify the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that this discount is based on need. I understand that falsifying any of the above information could jeopardize a membership discount now and/or in the future.

Signature of person completing this form

Date

How will it help and benefit yourself and/or your family to have this assistance?

Why is the Paris-Bourbon County YMCA important in our community?

OFFICE USE ONLY: APPROVED Yes No Date Approved _____ Y _____% YOU _____%

Membership Type: _____ Monthly \$ _____ 6 months \$ _____ Annual \$ _____

One Time Joiners Fee \$ _____ Staff Initials _____