



YMCA OF THE INLAND NORTHWEST 2017 PROGRAMS & CHILDCARE FINANCIAL ASSISTANCE APPLICATION

FINANCIAL ASSISTANCE FOR: Aquatics, Camp Reed, Day Camps, Early Childhood Education & Care, Health & Wellness, School-Age Care Programs, Teen Programs, Youth Classes and Youth Sports. Birthday parties are not eligible for assistance.
DO NOT USE THIS FORM for memberships. For the YMCA's Membership for All Program please see a Member Services Representative at any Y facility.

APPLICATION INSTRUCTIONS

1. Complete Sections I through III of the application. Section IV is optional. Ensure the form has been signed and dated (Page 2).
2. Provide proof of household income:
 - a. Attach a copy of the 2016 Tax Return (Form 1040, Pages 1 & 2) for all adults listed on the application. Do not send W-2 forms.
 - b. If your current household income has changed from your 2016 tax return, please provide a YTD pay stub which verifies current household income.
3. Attach documentation for all amounts listed in Section III "Annual Household Income". All support documentation must be provided with the assistance application.
4. Return this application to the address/email/fax noted on the bottom of Page 2.
5. Assistance expires annually and is valid through 4/30/2018.
6. **Applications that are incomplete or do not have correct/sufficient documentation will be returned, unprocessed.**

OFFICE USE ONLY:

Central Valley North South
 Approved at _____ % Denied
 Email Letter Phone In Person
 Date _____ Initial _____
 # Adults _____ #Children _____
 Application returned, additional information required.

I. ADULTS IN THE HOUSEHOLD (if more than two adults please attach another paper)

1st Adult _____ Gender ____ Birth Date _____ *Race/Ethnicity _____
First Middle Initial Last
 Address _____ Cell Phone: _____ Home phone: _____
 City _____ State _____ Zip _____ E-mail _____

2nd Adult _____ Gender ____ Birth Date _____ *Race/Ethnicity _____
First Middle Initial Last
 Relationship to 1st Adult _____

II. ALL DEPENDENT CHILDREN IN THE HOUSEHOLD **Note: Proof of dependency required for all children listed**

First	Middle Initial	Last	Gender	Birth Date	Relationship to Adult	*Race/Ethnicity

Financial Assistance is awarded on the basis of need without regard to race, color, handicap, sex, age, or national origin.
 * For statistical reporting purposes. (A) African American (B) Asian (C) Caucasian (D) Hispanic (E) Native American (F) Other

III. ANNUAL HOUSEHOLD GROSS INCOME – Please supply annual amounts for all listed below:

Gross Salary – All Household Members	\$ _____
Alimony – Court Documentation	\$ _____
Child Support – Case Payment History	\$ _____ *If \$0 and single parent, please explain: _____
Social Security (SSI/SSA) – Award Letter	\$ _____
Disability Income – Award Letter	\$ _____
Unemployment – Notification Letter	\$ _____
Public Assistance Cash – Award Letter	\$ _____
Food Stamps – Award Letter	\$ _____
Housing Assistance – Award Letter	\$ _____
Tribal Money – Award Letter	\$ _____
Student Awards/Grants – Letter	\$ _____
Other: _____	\$ _____
TOTAL:	\$ _____

This Financial Assistance is valid through April 30, 2018.

Applicant Initials: _____

Staff Initials: _____

Date Received: _____



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Household Size	Receive 35% reduced rate if gross household income is less than:	Receive 25% reduced rate if gross household income is less than:	Receive 15% reduced rate if gross household income is less than:
1	\$24,311	\$29,311	\$34,311
2	\$32,044	\$37,044	\$42,044
3	\$39,777	\$44,777	\$49,777
4	\$47,510	\$52,510	\$57,510
5	\$55,243	\$60,243	\$65,243
For each additional family member add:	\$7,659	\$7,659	\$7,659

IV. If your income level is above the limits stated in the chart above, but the regular price is beyond your ability to pay due to extenuating circumstances, please explain below. An example of special circumstances may include medical expenses. In such a case you may be required to provide proof of medical bills paid out of pocket for the amount you are over the limit to qualify. This would not include medical insurance premiums for the current year.

NOTE: Financial Assistance will not apply to Programs or Childcare until the application is approved. Assistance cannot be applied retroactively. Applications can take up to two weeks to process.

I hereby certify, under penalty of perjury, that the information that I have provided is true and correct as of this date to the best of my/our knowledge. I authorize the Y and their assigns to have access to any and all financial records necessary to verify the information contained in this application. I agree to notify the Y within 10 working days of any changes of circumstances regarding information contained in this application; otherwise, this Financial Assistance is valid through April 30, 2018. I agree to respect and follow all Y policies and procedures.

Signature _____ Date _____

Return this application and verification documents to:

YMCA of the Inland Northwest
1126 N Monroe
Spokane, WA 99201
Attention: Corporate Business Office
Phone: 509-777- 9622 Fax: 509- 3434096
E ymca@ymcaspokane.org W ymcaspokane.org