



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Primary Member: \_\_\_\_\_

Phone: \_\_\_\_\_

Membership #: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

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

Last updated: 6/15/2017

## FINANCIAL ASSISTANCE WORKSHEET

### Income Verification Guide Questions

Brooks Family YMCA is able to provide membership and program assistance through the generosity of our donors. Please complete and return this worksheet with all applicable documentation (outlined below) to the Membership Department within 2 weeks of membership registration. If you are not required to file taxes, you will need to provide a minimum of (but not limited to) 2 documents showing your projected yearly income, financial support and proof of dependents. Note: Information provided will be kept confidential.

### Household Total Yearly Income & Financial Support

1. Did you or your family file taxes?
  - Yes – If filed individually, please submit 1040 for all adults in household. If filed jointly, please submit jointly filed 1040. If self-employed, please include 1040 Schedule C with 1040 documentation. Proceed to question 2.
  - No – If no, proceed to question 3.
2. Do they accurately reflect your current household income?
  - Yes – If yes, proceed to question 13
  - No – If no, proceed to question 3
3. Are you currently employed?
  - Yes – If yes, please provide 2 pay stubs or offer letter from current employer, and proceed to question 4.
  - No – If no, proceed to question 4.
4. Are you receiving Social Security or drawing from a pension/retirement plan?
  - Yes – If receiving SSI, please provide SSI documentation and bank statement showing SSI Direct Deposit. If drawing from a pension/retirement fund, please provide 1099 and bank statement showing Direct Deposit of funds, and proceed to question 5.
  - No – If no, proceed to question 5.
5. Are you receiving Unemployment/SNAP/TANF/Disability/child support/alimony?
  - Yes – If receiving any of the above, please provide statement of benefits, and proceed to question 6.
  - No – If no, proceed to question 6.
6. Are you the only adult in the household?
  - Yes – If yes, proceed to question 13.
  - No – If no, proceed to question 7.
7. Is second adult in household currently employed?
  - Yes – If yes, please provide 2 pay stubs or offer letter from current employer, and proceed to question 8.
  - No – If no, proceed to question 8.
8. Is second adult receiving Social Security or drawing from a pension/retirement plan?
  - Yes – If receiving SSI, please provide SSI documentation and bank statement showing SSI Direct Deposit. If drawing from a pension/retirement fund, please provide 1099 and bank statement showing Direct Deposit of funds, and proceed to question 9.
  - No – If no, proceed to question 9.
9. Is the second adult receiving Unemployment/SNAP/TANF/Disability/child support/alimony?
  - If receiving any of the above, please provide statement of benefits, and proceed to question 10.
  - No – If no proceed to question 10.
10. Are there any additional adults (18 years or older) living in the household?
  - Yes – If yes, proceed to question 11.
  - No – If no, proceed to question 13.
11. Are the additional adults (18 years or older) employed or receiving any type of government assistance?
  - Yes – If yes, please provide documentation pertaining to source of income (see questions 1 – 5) and proceed to question 12.
  - No – If no, proceed to question 12.
12. Are you applying for child care/camp assistance?
  - Yes – If yes, please refer to DSS portal guide questions (see reference section for supporting document info.)
  - No – If no, please proceed to question 13.

13. What additional circumstances would you like us to consider? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing this form, I certify that the information provided to the YMCA is true and all income is reported. I also acknowledge it is necessary to notify the YMCA of any change in my income or financial support.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**INCOME & FINANCIAL SUPPORT VERIFICATION DOCUMENTATION**

Provide a minimum of 2 forms of income verification: (Providing more than the minimum required documentation will enable the YMCA to better evaluate your application for assistance).

1. Social Security Income (SSI) or Social Security Disability Income (SSDI)
2. Government assistance (MFIP); e.g., food stamps, grants, loans, cash allowances, rental assistance, childcare assistance
3. Unemployment statement
4. Letter of termination from employer
5. Pay stubs for each working non-dependent adult (4 weeks) find monthly average to show change from tax document
6. Self-employed: 1040 income on Schedule C or quarterly income statement showing income before deductions
7. Pensions or retirement
8. Child support income and alimony payments
9. Bank statements that show income source (minimum of 3 months)
10. Letter or financial statement from an organization that has knowledge of the applicant's financial support status, household size and situation. This must be on letterhead and cannot be a relative, friend or a YMCA staff person. This is not required unless needed for a second verification
11. Student loan living expense portion

**If there is no current income verification, zero income, negative income or no approved documentation of income, the financial assistance application cannot be processed.**

**PROOF OF DEPENDENT(S)**

Provide a minimum of 1 document of dependent(s) verification:

1. Free school lunch program letter
2. Social Security Income (SSI) or Social Security Disability Income (SSDI). Benefit will be addressed to the parent, but child's name will be listed on the document
3. Government assistance documentation listing household size
4. Health insurance documentation
5. Child Support Statement
6. Report card from school with name of child and parent or legal guardian
7. Transfer of parental rights notarized or legal documentation
8. Legal custody agreement or a signed document on letterhead from a mediator
9. Adopted or foster children documentation (foster child GA income should be included in total income)
10. Letter from a Guardian ad Litem working with the family

**DOCUMENTATION RESOURCES**

1. Social Security Office at (800) 772-1213 or TTY (800) 325-0778 or [www.ssa.gov](http://www.ssa.gov)
2. <http://www.vec.virginia.gov/unemployed>
3. <http://www.irs.gov/Individuals/Get-Transcript> or (800) 829-1040. Handwritten taxes will not be accepted
4. <http://www.dss.virginia.gov/index.html>
5. <https://www.ebt.acs-inc.com/Members> can Log-in and print a statement showing food benefit authorization amount

**Staff Use Only**

Documentation included:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Tax Return                 | <input type="checkbox"/> Unemployment             | <input type="checkbox"/> Proof of Residency     |
| <input type="checkbox"/> Social Security/Disability | <input type="checkbox"/> Student Loan Information | <input type="checkbox"/> Student Class Schedule |
| <input type="checkbox"/> Government Assistance      | <input type="checkbox"/> 2 Pay Stubs              | <input type="checkbox"/> Proof of Dependency    |
| <input type="checkbox"/> Child Support/Alimony      | <input type="checkbox"/> Medical Bills            | <input type="checkbox"/> Retirement/Pension     |

Applying for: Membership Type \_\_\_\_\_

Qualifying family members listed below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Income Based Rate Join Fee: \_\_\_\_\_

Income Based Rate Monthly Dues: \_\_\_\_\_

Program Scholarship \_\_\_\_\_ % Date Notified \_\_\_\_\_ Offer Valid Through \_\_\_\_\_

Renewal Date \_\_\_\_\_ Staff Approving Application (Please Print) \_\_\_\_\_