



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. In order for your application to be considered by the review committee, you must provide proof of income including a copy of: **(1) your Federal and State Income Tax forms, (2) a copy of your 2 most recent pay stubs, and (3) a copy of your most recent W-2 earnings. Incomplete applications will be returned to the applicant.** 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.

**NEW APPLICATION**     **RENEWAL APPLICATION**

### STEP 1

Enter household information (ONLY IF NEW APPLICANT).

Date Application Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

First/Last Name: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Emergency Phone Type: Home / Work / Mobile Phone #: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

List names (including last names if different from applicant) and ages of everyone residing in your household that you would like on membership:

	First Name, Last Name	Age	DOB MM/DD/YYYY	Gender	Relationship Example: wife, son, etc.
1.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
2.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
3.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
4.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
5.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
6.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

### ADDITIONALLY / PROOF OF DEPENDENT(S)

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

- Free school lunch program letter
- 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
- Government assistance documentation listing household size
- Health insurance documentation
- Child Support Statement
- Report card from school with name of child and parent or legal guardian
- Transfer of parental rights notarized or legal documentation
- Legal custody agreement or a signed document on letterhead from a mediator
- Adopted or foster children documentation (foster child GA income should be included in total income)
- Letter from a Guardian ad Litem working with the family

### STEP 2

Verify current total household income, sign, and submit supporting documents.

Submit a copy of last year's tax return – form 1040 **AND** a copy of one of the following supporting documents:

- last two pay stubs
- a letter from employer verifying current salary
- social security or disability check/award letters
- unemployment income verification letter

What is the combined/total annual household income? \$ \_\_\_\_\_ What amount can you pay monthly? \$ \_\_\_\_\_

Special Circumstances (if any): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# PROGRAM ONLY

Specify number of scholarships needed per category and refer to program guide for details.

NO.	CATEGORY	PROGRAM / CHILD'S NAME / AGE	DATES & TIMES	
_____	Youth Sports	_____	Season/Year:	_____
_____	Adult Sports	_____	Season/Year:	_____
_____	After-School	_____	School Year:	_____
_____	Aquatics	_____	Session(s):	_____ Time: _____
_____	Day Camp	_____	Week(s):	_____
_____	Family	_____	Session(s):	_____ Time: _____
_____	Wellness	_____	Session(s):	_____ Time: _____

1. 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. 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

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

### 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) \_\_\_\_\_