



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ACCESS FOR ALL

## Financial Assistance Application for Programs YMCA BUFFALO NIAGARA

### THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living, and fostering a sense of social responsibility, **YMCA Buffalo Niagara** ensures that every individual has access to the essentials needed to learn, grow, and thrive.

### EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through their Annual Campaign, **YMCA Buffalo Niagara** provides assistance to youth, adults, and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining your level of support is handled by each Y location in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive membership or program support. Y members and program participants can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



#### PLEASE NOTE

Support from the Annual Campaign reduces membership and program fees; it does not eliminate them.

- All support will be granted for 12 months.
- Membership and program fees are subject to change upon annual review.
- Members and program participants are welcome to re-verify their income in the event of an annual rate increase.

The Y reserves the right to request additional information when necessary. Please contact your Y if you have any questions.

[YMCABN.org](http://YMCABN.org)

# YMCA BUFFALO NIAGARA Program Support Application

## 1 APPLICANT INFORMATION

Name \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_

If an applicant is under 18: Parent's or legal guardian's name \_\_\_\_\_

## 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

Parent/Guardian/Adult \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian/Adult \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Other dependent(s) \_\_\_\_\_ Age(s) \_\_\_\_\_

## 3 I AM APPLYING FOR

Check the program for which you are applying

### PROGRAM

- School Age Child Care
- Day Camp
- Overnight Camp
- Aquatics / Swim Lessons
- Youth Sports
- Other \_\_\_\_\_

## 4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

**I filed federal taxes for last year**

- 1040 Federal Tax Form(s) for all incomes in household
- My income has changed since my last 1040.

**I did not file federal taxes for last year or my household income has changed since I filed taxes for last year**

Documents showing most recent 30 days of income:

- Child Support \$ \_\_\_\_\_ x 12 = \_\_\_\_\_
- Employment \$ \_\_\_\_\_ x 12 = \_\_\_\_\_
- Food Stamps \$ \_\_\_\_\_ x 12 = \_\_\_\_\_
- Retirement \$ \_\_\_\_\_ x 12 = \_\_\_\_\_
- Social Security \$ \_\_\_\_\_ x 12 = \_\_\_\_\_
- Spousal Support \$ \_\_\_\_\_ x 12 = \_\_\_\_\_
- Unemployment \$ \_\_\_\_\_ x 12 = \_\_\_\_\_
- Other \$ \_\_\_\_\_ x 12 = \_\_\_\_\_

Total Income \$ \_\_\_\_\_ x 12 = \_\_\_\_\_

## 5 PLEASE SHARE WITH US YOUR NEED FOR FINANCIAL ASSISTANCE in the space below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I CERTIFY** that 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 subsidy assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

## 6

Signature of person completing this form \_\_\_\_\_

Date \_\_\_\_\_

**Please return your application along with all applicable financial documents to your nearest YMCA for verification.**