



BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY FINANCIAL ASSISTANCE APPLICATION

APPLICANT INFORMATION:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

- New Applicant
- Renewal (you have received assistance before)

I AM APPLYING FOR:

MEMBERSHIP

- YOUTH (Ages 12 & under)
- TEEN (Ages 13-18)
- COLLEGE (Full Time)
- ADULT
- JUNIOR FAMILY (No Children)
- FAMILY
- FAMILY PLUS
- SINGLE PARENT FAMILY
- SENIOR FAMILY (No Children)
- SENIOR ADULT

PROGRAM

- AFTER-SCHOOL PROGRAM
- PRE-SCHOOL
- SUMMER CAMP
- YOUTH SPORTS
- ADULT SPORTS
- SWIM LESSONS
- SWIM TEAM

PLEASE PROVIDE:

ALL of the following documents must be provided for any adult(s) listed on the YMCA Membership.

- ID Card
- Utility Bill showing proof of residency (such as water bill, electric bill, gas bill)
- 1040 Federal Tax Forms for all incomes in household. First 2 pages, if applying for child care programs, names of children must be on tax form. If on a different tax form, please provide that one as well. (\$ _____ last year annual)
- Three current, most recent pay stubs for ALL working adults in household. (\$ _____/Month)
- Food stamp statement if applicable (\$ _____/Month)
- Social Security statement if applicable (\$ _____/Month)
- Disability statement if applicable (\$ _____/Month)
- Child Support order if applicable (\$ _____/Month)
- Unemployment statement if applicable (\$ _____/Month)
- Workers Comp. statement if applicable (\$ _____/Month)
- School schedule for any college student on membership

IF YOU DID NOT FILE TAXES LAST YEAR:

Call the IRS at 1-800-829-1040 (automated system will prompt you to enter appropriate information. Choose "personal tax account" when given options. Once the process is complete, the IRS will mail a letter to your home. You should receive it within 10-15 days.

FOR ALL RENEWAL APPLICATIONS:

In addition to the above information that must be attached to this application, you must also provide us with a short paragraph of how the Financial Assistance Program and YMCA has impacted you or your family.

NOTE:

You must complete this document, turning in all attachments within 60 days of initial registration. If no paperwork is turned in, assistance will expire and full rate will be applied. Upon arrival, Financial Assistance is in effect for 2 calendar years, unless your financial situation has changed within that time period.

TO BE COMPLETED BY YMCA MEMBERSHIP STAFF

Unit ID: _____

Today's Date: _____

Received by: _____

On-the-spot Financial Aid Provided Yes No

60 Day Expiration Date: _____