

BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY FINANCIAL ASSISTANCE APPLICATION

APPLICANT INFORMATION

Name _____

Address _____

Phone _____

Email _____

New Applicant

- On the back of this form or an attachment, list names & birth dates of everyone in household that will be on your account.

Renewal

TO BE CONSIDERED, PLEASE PROVIDE:

For any adults listed on the YMCA Membership documents must show proof of residency. This can include below information in addition to water bill, electric bill, ID.

- 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 (\$_____/ Monthly Income)
- Food stamp statement if applicable (\$_____/MONTH) please fill out DSS Form 3804 and attach to this application, so YMCA can verify amount received.
- 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 FOR 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 with in 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/YMCA has impacted you or your family.

membership

YOUTH (Age 12 & under)

TEEN (Ages 13-18)

COLLEGE (FULL TIME)

ADULT

JUNIOR FAMILY (NO CHILDREN)

FAMILY

SINGLE PARENT FAMILY

SENIOR FAMILY (NO CHILDREN)

SENIOR ADULT (AGE 62+)

program

AFTERSCHOOL PROGRAM

PRE SCHOOL

SUMMER CAMP

YOUTH SPORTS

ADULT SPORTS

SWIM LESSONS

SWIM TEAM

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 _____

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 approval, Financial Assistance is in effect for 2 calendar years, unless your financial situation has changed within that time period.