



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**YMCA OF GREATER ERIE  
FINANCIAL ASSISTANCE APPLICATION FOR EARLY LEARNING & SCHOOL-AGE ENRICHMENT  
CONFIDENTIAL**

As a nonprofit, charitable organization, the Y provides financial assistance for Y membership and programs in order to ensure that everyone, regardless of income, has access to the Y. Through generous contributions from YMCA members, friends, local businesses and the United Way, no one is turned away from the YMCA due to an inability to pay. All records are kept confidential. A sliding scale is used to determine how much assistance is awarded.

**INCOME VERIFICATION GUIDELINES...**

**Financial assistance applicants must provide the following financial verification:**

- 1. Detail of non-payroll income (PA Unemployment, Disability, Child Support, etc)**
- 2. Last two paycheck stubs for each parent**
- 3. Letter from Childcare Information Services with eligibility information is acceptable.**

**Non Payroll Income:**

1. Government Assistance: Notice of Decision (with names of eligible person(s) and total income including food stamps).
2. Social Security Disability: Letter from Social Security office or Notice of Decision stating the monthly benefit amount. This often needs to be accompanied by government assistance income as applicable.
3. Unemployed: Notification of eligible benefits from unemployment office. Federal tax return will still be needed, as unemployment is a taxable income.
4. Court Order/voluntary child support income.

**Exceptions to Above:**

5. Full-time college student: Letter from registrar's office indicating a current full-time student status. A school schedule is NOT adequate documentation.
6. No Income: The YMCA needs the income verification of the person(s) supporting the applicant. Example: John does not work and is living with his grandmother. Since she is providing him with room and board, the YMCA would need a letter from the grandmother stating the situation.

- Completely fill out financial assistance application with program registration form.
- Turn in application (at site where service is requested) with complete financial verification information, supporting documents
- Applications are reviewed on a weekly basis.
- You may call the Metro Office at 452-1432 for assistance with completing form.

Program Location: \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Student: \_\_\_\_\_ Other \_\_\_\_\_

Family Size (all dependents) \_\_\_\_\_

**Please list all family members in the household (include any additional family members on the back of this sheet)**

Spouse \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_

Dependent \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_

Dependent \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_

Dependent \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_

Dependent \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_

Please indicate the Service Period : \_\_\_\_\_ First Day of Service: \_\_\_\_\_

**Children requiring care:**

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

2. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Type of care needed:**

All day \_\_\_\_\_ Before School \_\_\_\_\_ After School \_\_\_\_\_ Before/After School \_\_\_\_\_

Days of Week care is needed: M TU W TH FR SA Comments: \_\_\_\_\_

**Traditional Pre-School**  Program 1 Mon Wed Fri OR  Program 2 TU TH OR  Program M TU W TH FR

**Please check the reason you are applying for financial assistance:**

Limited Income \_\_\_\_\_, Student \_\_\_\_\_, CCIS Waiting list, \_\_\_\_\_ Other, please specify: \_\_\_\_\_

**Financial Information:**

\$ \_\_\_\_\_ Monthly Gross Paycheck

\$ \_\_\_\_\_ Spouse's Gross Paycheck

\$ \_\_\_\_\_ Alimony/Dependent Support (attach document)

\$ \_\_\_\_\_ Supplemental Support ( cash assistance, veteran's benefit, social security, etc.)

\$ \_\_\_\_\_ Other Income (Self employment...)

**\$ \_\_\_\_\_ Total Monthly Income**

The YMCA of Greater Erie is a non-profit agency open to all people regardless of age, race, religion, or ability to pay. It is the policy of the YMCA of Greater Erie to not deny services to anyone because of inability to pay. **Valid proof of income must be provided before the application can be approved.**

By my signature I am requesting assistance from the YMCA and I certify that all information provided is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Discount % \_\_\_\_\_ Gross Fee: Daily/Weekly/Monthly \$ \_\_\_\_\_ PROGRAM \_\_\_\_\_

Approval: \_\_\_\_\_ Amt of Assistance \$ \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Next Review Date: \_\_\_\_\_

Rev. 5\_2014

