



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

EVERYONE IS WELCOME

Financial Assistance Application



Open Door Assistance Application

Name: _____ Home Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Are you married? Yes No Birth Date: _____

Household gross annual income level is:

- Under \$16,000
 \$16,000 to \$19,999
 \$20,000 to \$24,999
 \$25,000 to \$29,999
 \$30,000 to \$34,999
 \$35,000 to \$39,999
 \$40,000 to \$44,999
 \$45,000 to \$49,999
 \$50,000 to \$54,999
 \$55,000 to \$59,999
 Over \$60,000

If you are applying for a Household Membership, please list all the family members you wish to include in your Household membership. Note: Household Membership includes two adults with or without dependent children (a Dependent is considered a child under the age of 20 or that currently attends college up to age 25), living together as a family unit.

Name:	Birth Date	Male/Female	Relationship to Applicant
1.			
2.			
3.			
4.			
5.			
6.			

Income Source	Monthly Amount: <i>Adult 1</i>	Monthly Amount: <i>Adult 2</i>	Proof of Income MUST be Attached
Employment	\$	\$	2 Most recent paycheck stubs or statement signed by Employer with gross wages, or <i>Work One</i> documentation, if unemployed
Child Support	\$	\$	Checks, printout from the child support office or bank deposit
Disability, Veteran's Worker's Compensation, Social Security, and SSI	\$	\$	Award letters or bank statements showing direct deposits or copy of the check(s)
Unemployment Compensation	\$	\$	Unemployment statement or weekly benefit computer print-out or award letter
Self Employment	\$	\$	Most recent Federal Tax Return. If you did not file taxes last year, call your Service Provider to get the form you need.
Food Support	\$	\$	Documentation from County or Disbursement History.
Housing Assistance	\$	\$	Official Document from agency or person providing support
Total Gross Monthly Income			Are all required documents attached? ____ Yes ____ No

I certify that all information in this application and all income verification statements provided are true and complete to the best of my knowledge. Any false statements, omissions on this application or failure to report changes in your income status are grounds for revocation of the financial assistance. **I understand that all applications must be renewed every 6 months and failure to do so may result in the revocation of the financial assistance.**

Please sign that you have read and understand the above information.

Signature of Applicant _____ Date application was submitted _____

Office Use: Date evaluated: _____ Approved by: _____ Subsidy Award _____

Monthly Amount _____ Join Fee Amount _____ Contacted on: _____ Contacted by: _____

Financial Assistance Application

The Scott County Family YMCA is a non-profit community-based organization committed to promoting youth development, healthy living and social responsibility. The Y believes that its programs and services should be available to everyone regardless of age, background, ability or income. It is in this spirit that the Y offers financial assistance to families and individuals who need assistance in participating in Y programs and membership. Eligible participants will be notified via phone call within one week of returning the completed application and required documentation. Participants will be asked to pay a portion of the membership/programs based on the Y's sliding fee scale. Thank you for applying.

Instructions:

The application process is easy and confidential

1. Complete the application
2. Gather the required documentation listed below
3. Bring the documentation & application to the Welcome Center at the Scott County Family YMCA

Required Documentation

Application

Proof of Income for all household members

Most recent bank account statements

Most recent Federal Tax Return

Proof of Residency: if currently living in a shelter or do not have a permanent residence

Notification of Approval

You will receive a phone call within one week of returning your application notifying you whether or not you have been approved for assistance. Your application must be completed and all materials provided before it can be reviewed.

Questions

Membership Services:

Tammy Mosier or Karen Everett

(812) 752-9622 or (812)752-7239

Thank you for submitting your application and we look forward to serving you soon.

Why are you applying for financial assistance (feel free to use more paper if you run out of space)? _____

What can you afford to pay for your membership? _____