



Today's date: _____

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

ALBANY YMCA FINANCIAL ASSISTANCE APPLICATION

Dear Applicant:

Thank you for your interest in the Albany YMCA's financial assistance program. This program is possible due to YMCA supporters in our community.

Please complete an application for each person and return it to:

Albany YMCA
921 Kains Ave.
Albany, CA 94706

All applications are confidential. Applications are reviewed on the 15th and 30th of each month. No incomplete applications will be processed. Applications must be renewed every six months.

Please complete Steps A, B and C below.

STEP A. PROGRAM NAME

Program for which you are requesting financial assistance: Adult program Youth program Adult Membership

Name of program _____

STEP B. APPLICANT INFORMATION. Please complete Part 1 or Part 2 of this box.

1. ADULT PROGRAMS

Name of applicant _____ Phone _____

Address _____ City _____ Zip _____ Sex: M F Birth date ___/___/___

2. YOUTH PROGRAMS

Child(ren)'s Name _____ Sex: M F Birth date ___/___/___

Parent/Guardian Name _____ Phone _____

Address _____ City _____ Zip _____

STEP C. ELIGIBILITY – Please complete Part 1 or Part 2 of this box.

1. Low Income (must show proof of income)

Occupation: _____

Employer Name & Phone: _____

Family Annual Income is Under: \$7,000 \$11,000 \$14,000 \$16,000 \$20,000 Other_____

Child Support or additional income _____

2. Family receives public assistance: CalWorks Social Security Disability Unemployment
 Other _____

Social or Eligibility Worker's Name _____ ID # _____

Case # _____ Medical or Food Stamp # _____

Please attach a separate sheet of paper if you feel additional information will be helpful in making a determination.

Date rcd ___/___/___ Reviewed by/Date _____ App _____ Denied _____ Amt _____ Date notified _____ Accepted _____

In order to consider your application for financial assistance, we must have information about the financial resources of you and all who reside or contribute to your household income. We cannot make a determination unless we have documentation from one or more of the following sources.

If employed:

- Most recent tax return and 2 recent paystubs from all employed in the household
Note: If you are claimed as a dependent on another person's income tax return other than your spouse, please provide the above documentation for that person.

If you are not employed, sources of household income:

- ◆ Checking accounts, Savings accounts, or available credit on a credit card you are living on
- ◆ Interest or Dividends from:
 - Savings Accounts
 - Stocks or bonds
 - Retirement Accounts
- ◆ Unemployment Benefits
- ◆ Rental or Royalty Income
- ◆ Disability Payments
- ◆ Workers Compensation
- ◆ Social Security, SSI, SSP
- ◆ Pensions
- ◆ Insurance Settlements
- ◆ Legal Settlements
- ◆ CalWorks: employment information and/or current school schedule
- ◆ Food Stamps
- ◆ Child Support
- ◆ Cash and/or Other Income
- ◆ Spousal Support
- ◆ Scholarships, Grants, or Other Aid Used for Living Expenses while in school
- ◆ Profit from Self-Employment

Note: Applications without documentation or current documentation will not be considered.