

# Financial Assistance

## Policy & Application



YMCA

We build strong kids,  
strong families, strong communities.

## Lockport Family YMCA

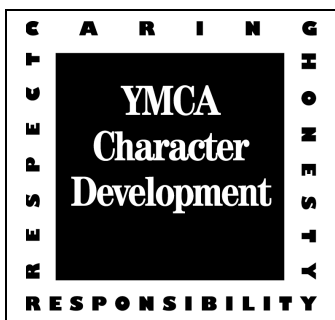
19 East Avenue

Lockport, NY 14094

**Phone: (716)434-8887**

**FAX: (716)434-0227**

**Email: [ymcalkpt@aol.com](mailto:ymcalkpt@aol.com)**



(Revised 04/06/09)

We Build Strong Kids, Strong Families and Strong Community

# **-FINANCIAL ASSISTANCE POLICY-**

It is the policy of the Lockport YMCA to assist anyone, by helping to provide services of membership and programs, regardless of their ability to pay the standard fees. Those not able to pay the full fees may be awarded partial assistance based on their demonstrated need. They will also be encouraged *to volunteer their services, assist the YMCA with fundraising events, or participate in the annual “Candy Sale” to earn their way* to YMCA & Camping Services. All financial and personal information provided in the application will be kept in strict confidence. The support and funding is made available thanks to the dedication and kindness of our donors and volunteers, seeking to strengthen families.

## **ELIGIBILITY**

- i. Assistance will be granted on a sliding scale, and on the basis of financial need. We evaluate financial need based on the household size and gross household income.
- ii. The following chart lists gross income according to household size. If your total household gross income is the same or less than amounts on the income chart below, you will be eligible for partial assistance.

<b>INCOME CHART</b>	
<b>NUMBER OF PEOPLE IN HOUSEHOLD</b>	<b>GROSS ANNUAL INCOME</b>
<b>1</b>	<b>\$19,000</b>
<b>2</b>	<b>\$26,000</b>
<b>3</b>	<b>\$32,000</b>
<b>4</b>	<b>\$38,000</b>
<b>5</b>	<b>\$44,000</b>
<b>6</b>	<b>\$50,000</b>

3. The above financial guidelines are to *help* determine initial eligibility. The Lockport YMCA reserves the right to modify this criteria for extenuating and special circumstances, which can and should be addressed in the letter.

4. The Lockport YMCA has the ability to deny assistance based on insufficient verification, perceived sufficient income, outstanding indebtedness to the YMCA, etc.

## **-HOW TO APPLY-** (Updated04/09)

- A. **Write a brief letter**, explaining as completely as you can your need for YMCA Assistance.
- B. **Complete** the attached Financial Assistance **Application**. This application is available at the Lockport Family YMCA Service Desk.
- C. **Attach proof** of income to the application; proof of income for each wage earner is required. Verification for each type of income listed on the application must be provided. Please provide the documentation listed below for each type of income on your application. **Special circumstances and cases require you to make an appointment with the Director.**

### **If You Are Currently Employed**

1. Income Tax Return (preceding year). If you do not have a copy, you are required to contact the IRS at 1-800-829-1040 to request a copy directly from them; then turn in application with appropriate forms when received.
2. Current Year-To-Date Wage Stub. If no wage stub is available, please bring in a statement from your employer(s) for the current year. This statement should include your total hours worked, total wages earned and your hourly wage.

### **If You Are On Public Assistance**

1. Public Assistance Budget Sheet from “Letter of Notification”

### **If You Are A Student**

1. Copy of receipt stating grant subsidy
2. Current Year-To-Date earnings from work study and any other employment
3. Current proof of class enrollment

### **If You Receive Unemployment, Social Security, Workers Compensation or Disability**

1. Current monthly pay stub. If no pay stub is available, a signed statement verifying your current monthly benefit is required.

Note: often, Insurance will cover the cost of membership

### **If You Receive Child Support or Alimony**

1. Statement verifying current monthly Child Support or Alimony. This information should be provided in either your "Divorce Decree" or a modified Divorce Decree.

# APPLICATION

It is essential that this form be completed in full to the best of your knowledge. All the information contained herein is confidential between the applicant and the Lockport Family YMCA.

**My application is for the following type of membership:**

**Youth(15 & under)**                      **Young Adult(Student 16-21)**                      **Adult (18 - 64)**  
**Single Parent Family**                      **Family (w/spouse & dependents)**                      **Active Older Adult (65 +)**

**My application is for the following program(s): be specific**

\_\_\_\_\_

**My application is:**                                      **New**                                      **Renewal**

## PERSONAL

Name			
Name of Spouse			
Address			
City/Zip			
Phone			
List dependent children below:		Total # of persons in household:	
Name		Age	
Name		Age	
Name		Age	
Name		Age	
Check Here for foster child(ren)		Child's Monthly Income:	Case Worker:
Foster Child Name		Age	
List any other persons living in your household and their relationship to you:			
.			

## EMPLOYMENT

Are you currently employed?	How long at current job?
Company Name:	
Company Address:	
City/Zip:	Work Phone:
Is your spouse currently working?	How long at current job?
Company Name:	
Company Address:	
City/Zip:	Work Phone:

## RACIAL/ETHNIC IDENTITY

Applicants are not required to answer this. If you choose, answer below.

White, not of Hispanic Origin                      Black, not of Hispanic Origin                      Hispanic  
 Asian or Pacific Islander                      American Indian or Alaska Native

**What volunteer service could you possibly provide to the YMCA or Camp Kenan?**

**Please itemize your monthly income and expenses below:**

INCOME		EXPENSES	
Wages, salaries, tips	\$ _____	Rent, mortgage etc.	\$ _____
Unemployment	\$ _____	Utilities	\$ _____
Social Security	\$ _____	Food	\$ _____
Child Support	\$ _____	Clothing	\$ _____
Aid to dependent child	\$ _____	Phone	\$ _____
Food Stamps	\$ _____	Car/Insurance	\$ _____
401K/Retirement Funds	\$ _____	Alimony	\$ _____
Alimony	\$ _____	Child Support	\$ _____
Other	\$ _____	Medical	\$ _____
<b>TOTAL INCOME:</b>	<b>\$ _____</b>	<b>TOTAL EXPENSES:</b>	<b>\$ _____</b>

**Return the Financial Assistance Application, your letter of need and income/expense verification to:** Lockport Family YMCA, c/o Mark W. Albiez, Executive Director  
19 East Avenue, Lockport, New York 14094

**NOTE: YOUR FINANCIAL APPLICATION WILL NOT BE PROCESSED UNLESS ALL SECTIONS ARE COMPLETED AND PROPER INCOME VERIFICATION IS PROVIDED**

Upon receipt of all forms and completed application, you will be contacted by mail or phone with your “YMCA Assistance Award” (usually within 10-14 days).

**Previously owed fees must be made current, for this application to be reviewed**

## Lockport YMCA Candy Sale

Is made available for everyone to participate and earn their way to YMCA memberships and programs. We encourage you to take part. Earn 50/50 in YMCA Bucks- buy a box earn \$26 credit immediately

***VERIFICATION OF INFORMATION***

I attest that all information on this “YMCA Assistance Application” is truthful and accurate; that the FOOD STAMP, FDPIR, or TANF number is correct and that all income is reported. I understand that false information or deception on my part would result in denial of assistance or prosecution to the fullest extent of the law for **“Theft of Services”**. I also understand that should my financial situation change, that I will notify the YMCA Executive Director, ***immediately***.

Signature: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY-Do not write below			
Verification of income with:	on:	Total Yearly Gross:	
Verification of income with:	on:	Household total:	
Scholarship granted: Program		% Off Membership	% Off