WELCOME TO ALL!

Financial Assistance Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living, and fostering a sense of social responsibility, the Newport County YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The Y welcomes all who wish to participate and believes that no one should be denied access to the Y based on their inability to pay full price. Through our Financial Assistance Program, the Newport County YMCA provides assistance to youth, adults, and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the Y in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive financial assistance. Y members can feel confident knowing that they are part of an organization that cares greatly for the well-being of people, and is committed to youth development, healthy living, and social responsibility.

Financial assistance reduces membership fees; it does not eliminate them.

All new Members must pay the new member fee.

All YCares assistance will be granted for six or twelve months.

The Y requests that individuals and families reapply with current information prior to the membership expiring.

Membership Fees are subject to change when you reapply or when membership fees increase.

If you do not reapply at the time requested, your membership will expire.

Newport County YMCA

792 Valley Road Middletown RI 02842

P 401-847-9200 F 401-848-7521 www.newportymca.org
**Financial Assistance Application**

**APPLICANT INFORMATION**

Name: ____________________________________________DOB: ______________________

Mailing Address:____________________________________________________________

City:____________________________________________________________________________

State: ________________________________________Zip:___________________________

Home Phone: ________________________________________________________________

Cell Phone: ___________________________________________________________________

Email: _________________________________________________________________________

If applicant is under 18: Parent or legal guardians name

_______________________________________________________________________

Marital Status: ____ Single ____ Married____ Divorced____ Widowed

**ALL PERSONS LIVING IN THIS HOUSEHOLD**

Place a check mark for each family member applying for assistance

- Parent/Guardian/Adult:__________________________
- Parent/Guardian/Adult:__________________________
- Child:_______________________
- Child:_______________________
- Child:_______________________
- Child:_______________________
- Child:_______________________
- Other Dependent(s)______________________

**I AM APPLYING FOR**

Check category for which your applying

- ADULT
- FAMILY
- SINGLE PARENT FAMILY
- 30 UNDER 30/COLLEGE (18-29)
- OLDER YOUTH (14-17)
- YOUTH (6-13)

**PROGRAM:** List Below

**TO QUALIFY FOR ASSISTANCE PROVIDE THE FOLLOWING DOCUMENTS**

**I FILED FEDERAL TAXES FOR LAST YEAR**

- 1040 Federal Tax Form(s) for all incomes in household
- I am an individual filing jointly. I am providing ONE 1040 form
- We filed more than ONE tax form in our household. We are providing ___1040 forms

**MY/OUR HOUSEHOLD INCOME**

Documents showing the most recent 30 days of income; including pay stubs or documentation of government assistance, food stamps, and/or child support.

$__________________ X 12 = $__________________

$_________________ X __ = $_________________

$_________________ X __ = $_________________

$_________________ X __ = $_________________

$_________________ X __ = $_________________

$_________________ X __ = $_________________

$_________________ X __ = $_________________

**EXPENSES**

Rent/Mortgage: $________

Car Payment: $________

Utilities: $________

Other... list: $________

Other... list: $________

Other... list: $________

Other... list: $________

**TOTAL: $________

**TELL US MORE...** Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I want/need an YCares Financial Assistance because:

I certify the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my child/children must cancel our participation, I will contact the Y immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

_____________________________________________________________________________________________________________________________

Signature of person completing this form ____________________________ Date ___________________

**FOR OFFICE USE ONLY**

MEMBERSHIP

Date Received

Received By

Membership Type

Program

Joiner Fee

Unit Number

% off Membership

Amount Due $

Length

Program

% off Program

Notified On

Purchased by

Attach all applicable financial documents and return to the Welcome Center.