



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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: _____

Child: _____

Other Dependent(s) _____

I AM APPLYING FOR

Check category for which your applying

<input type="checkbox"/>	ADULT
<input type="checkbox"/>	FAMILY
<input type="checkbox"/>	SINGLE PARENT FAMILY
<input type="checkbox"/>	30 UNDER 30/COLLEGE (18-29)
<input type="checkbox"/>	OLDER YOUTH (14-17)
<input type="checkbox"/>	YOUTH (6-13)
<input type="checkbox"/>	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

\$ _____

TOTAL ANNUAL HOUSEHOLD INCOME

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 =
30 DAYS INCOME MONTHS

\$ _____

TOTAL ANNUAL HOUSEHOLD INCOME

EXPENSES

Rent/Mortgage: \$ _____

Car Payment: \$ _____

Utilities: \$ _____

Other... list: \$ _____

Other... list: \$ _____

Other... list: \$ _____

Other... list: \$ _____

TOTAL: \$ _____

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	

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

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