

**2017  
RICHARD G. SNYDER YMCA CAMPUS**

• **1150 North Water Street, Kittanning, PA 16201** • Phone:724-545-9622 • Fax:724-545-1566 • [www.rgsymca.org](http://www.rgsymca.org)

**PLEASE PRINT**

**\*Confidential Financial Assistance Application\***

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone  
 Number: \_\_\_\_\_  
 Employer: \_\_\_\_\_

**Spouse's Information**

Name: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_\_\_  
 Phone Number: \_\_\_\_\_ Employer: \_\_\_\_\_

**Family Information**

Please list each additional participating household member:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Birthdate: \_\_/\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Birthdate: \_\_/\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Birthdate: \_\_/\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
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 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Birthdate: \_\_/\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Birthdate: \_\_/\_\_/\_\_\_\_

**Application for financial assistance is for:**

\_\_\_ Family Membership      \_\_\_ Couple Membership      \_\_\_ Special Needs Adult      \_\_\_ Annex  
 \_\_\_ Single Parent Membership      \_\_\_ Senior Membership (Age 60+)      \_\_\_ Special Needs Youth      \_\_\_ Programs  
 \_\_\_ Adult Membership      \_\_\_ Senior Couple (Both Age 60+)      \_\_\_ Youth

Please indicate specific programs for which you need financial assistance: (3 program limit)

Program Name: \_\_\_\_\_ Participant: \_\_\_\_\_  
 Program Name: \_\_\_\_\_ Participant: \_\_\_\_\_  
 Program Name: \_\_\_\_\_ Participant: \_\_\_\_\_

**OFFICE USE ONLY**

Family      Single Parent      Adult      Couple      Sr. Single      Sr. Couple      Youth      Annex

Total Cost (6 months): \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Program: \_\_\_\_\_ Fee: \_\_\_\_\_

Program: \_\_\_\_\_ Fee: \_\_\_\_\_

Offer Expires: \_\_\_\_\_ Membership Expires: \_\_\_\_\_

Payment:							
Date:							
Initial:							

**OFFICE  
USE ONLY**

**Received:**  
\_\_/\_\_/\_\_

**Initials:**  
\_\_\_\_\_

**Mailed  
Out:**  
\_\_/\_\_/\_\_

Y For All Program Guidelines effective January 1<sup>st</sup> 2017

- \*\*Processing will be 2-3 weeks after all paperwork has been turned in.
- \*\*Must volunteer twice during the 6-month contract. (**Clearances Required**)
- \*\*Household income no greater than \$45,000.
- \*\*All memberships will not be discounted greater than 50%.
- \*\*Classes, youth sports and swim lessons will not be registered if you are behind on your monthly payments.
- \*Membership will start after the minimum first month is **paid in person**.
- \*This is a 6month financial agreement.
- \*Upon enrollment with your initial payment you are accepting responsibility whether you use the Y or not.**
- \*Payments must be made monthly by the 10<sup>th</sup> of the month to continue your membership.
- \*If membership dues lapse more than 30 days without payment, your membership will be terminated.
- \*I am submitting my **household** (everyone living in the household whether or not they are on the membership) income, social security, disability, child support, and/or unemployment verification with my application for the Y For All Program. I certify that the information is true and complete to the best of my knowledge.
- \* I swear/affirm that I have not been name a perpetrator of a founded report of child abuse, aggravated assault, or sexual abuse.
- \* I understand that my membership will be terminated if I have been name as the perpetrator of a founded report of child abuse, aggravated assault or sexual assault.
- \* I hereby swear/affirm that the information set forth above is true and correct. I understand the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Crimes Code.

I have read and understand the above guidelines if I am approved for the Y For All Program.

Signature: \_\_\_\_\_

Date:\_\_\_\_\_

<b>Income</b>		<b>Expenses</b>	
Wages, Salaries & Tips	\$	Rent/Mortgage	\$
Unemployment Compensation	\$	Utilities (Gas/Electric/Water)	\$
Social Security Compensation	\$	Phone/Cable/Internet	\$
Child Support	\$	Food	\$
SSI for Children	\$	Car Payment	\$
Alimony	\$	Car Insurance	\$
Disability	\$	Medical	\$
Other	\$	Alimony/Child Support	\$
Other	\$	Other	\$
<b>Total Monthly Household Income</b>	\$	<b>Total Monthly Household Expenses</b>	\$

**Your total monthly income must be greater than your total monthly expenses.**

**\*A current & complete 1040 Tax Form and most recent proof of income *must* accompany your application.**

**\*Changes in income documents on current 1040 Tax Form must be explained in detail below and accompanied by a W-2 and pay stub.**

**IMPORTANT: Your application will only be processed when ALL of the required forms have been received.**

**Please ATTACH a letter stating your reason for the request and thanking our donors for our Y For all Program.**