

Y For All Program Guidelines effective January 1st 2018

- * *Processing will be 3-4 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 10th of the month to continue your membership.
- * *If membership dues lapse more than 30 days without payment, your membership will be terminated.
- * ***If membership is terminated due to lack of payment than you may not refile for one year.**
- * ***Copies of any expenses must be submitted. If not submitted than you cannot list. Only expenses being paid from your income may be listed.**
- * *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: _____

**2018
RICHARD G. SNYDER YMCA CAMPUS**

• 1150 North Water Street, Kittanning, PA 16201 • Phone:724-545-9622 • Fax:724-545-1566 • 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: _____
Birthdate: ___/___/___		
Name: _____	Age: _____	Gender: _____
Birthdate: ___/___/___		
Name: _____	Age: _____	Gender: _____
Birthdate: ___/___/___		

Application for financial assistance is for:

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

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
Received: _____
Initials: _____
Mailed Out: _____

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:						

Income		Expenses	
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	\$
Total Monthly Household Income	\$	Total Monthly Household Expenses	\$

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

*A most recent proof of income or expenses must accompany your application.

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

Please ATTACH a letter stating why you are needing financial support and thanking our donors for our Y For all Program.