Y For All Program Guidelines
Effective January 1st 2020

Processing will be 3-4 weeks after all paperwork has been turned in.

Household income must be no greater than $45,000.

Memberships are given based on approval and monthly dues are based on both household size and household income.

Membership will start when the first monthly payment is made.

This is a 6 month membership agreement.

Bank Account or Credit Card information must be provided with application and monthly drafts will be taken automatically.

If membership dues become more than 30 days past due, your membership will be terminated. If membership is terminated due to lack of payment, you may not file for assistance again for one year and past due payments MUST be paid before membership is reactivated.

All household income/expenses must be listed on attached form.

*I am submitting household 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 named 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:_____

RICHARD G. SNYDER YMCA CAMPUS
2020 Financial Aid Y For All Application
1150 North Water Street, Kittanning, PA 16201 • Phone:724-545-9622 • Fax:724-545-1566 • www.rgsymca.org

PLEASE PRINT

Date: _____
Name:_____ Birthdate:__/__/____
Address:_____City:_____ State:___ Zip:____
Phone Number: _____ Email: _____
Emergency Contact Name: _____ Phone Number: _____
Employer: _____

OFFICE USE ONLY

Received: __/__/__

Initials: _____

Mailed Out: __/__/__

Spouse's Information

Name:_____ Birthdate:__/__/____
Phone Number:_____ Employer:_____

Family Information

Please list each additional participating household member:

Name:_____ Age:____ Gender:____ Ethnicity:____ Birthdate:__/__/__
Name:_____ Age:____ Gender:____ Ethnicity:____ Birthdate:__/__/__
Name:_____ Age:____ Gender:____ Ethnicity:____ Birthdate:__/__/__
Name:_____ Age:____ Gender:____ Ethnicity:____ Birthdate:__/__/__
Name:_____ Age:____ Gender:____ Ethnicity:____ Birthdate:__/__/__
Name:_____ Age:____ Gender:____ Ethnicity:____ 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

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:						

Bank Draft Routing# _____Acct #_____Credit Card# _____C/C Exp Date_____

Bank Drafts will be drawn on the 5th of each month. Credit Cards will be charged on the 2nd of each month with a $1.00 convenience fee per transaction. There is a $30.00 insufficient funds fee for all returned payments.

MUST BE FILLED OUT COMPLETELY

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.

Most recent proof of income as well as expenses must accompany your application.

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