



# MERRIMACK VALLEY YMCA FINANCIAL ASSISTANCE APPLICATION

Everyone belongs at the Y! Our Financial Assistance program enables all individuals and families to become active members and participants at a rate that fits their budgets. This program is possible thanks to the many generous donors who support the YMCA's Annual Campaign — 100% of donations made to the Y help support kids, adults and families in need.

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Email: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  Student  Employee

(Please list school or employer)

## 1: Who else lives in your household?

_____	___/___/___	<input type="checkbox"/> Student <input type="checkbox"/> Employee	_____
Name	Date of Birth		Employer
_____	___/___/___	<input type="checkbox"/> Student <input type="checkbox"/> Employee	_____
Name	Date of Birth		Employer
_____	___/___/___	<input type="checkbox"/> Student <input type="checkbox"/> Employee	_____
Name	Date of Birth		Employer
_____	___/___/___	<input type="checkbox"/> Student <input type="checkbox"/> Employee	_____
Name	Date of Birth		Employer

**Total Number of Children:** \_\_\_\_\_

## Why are you applying for financial assistance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. What is your household's annual financial picture?

PLEASE DO NOT SUBMIT ORIGINALS

### REQUIRED DOCUMENTS

- Gross Wages, Salary & Tips \$ \_\_\_\_\_ ⇨ Federal Tax Return (FORM 1040) and Pay Stubs (most recent month's)
- Unemployment Compensation \$ \_\_\_\_\_ ⇨ Unemployment Award Letter
- Child Support/Alimony \$ \_\_\_\_\_ ⇨ Court Award Letter and/or D.O.R Statement
- Social Security/Government Assistance \$ \_\_\_\_\_ ⇨ Agency Award Letter/SNAP or TAFDC Statement
- Retirement/Investments \$ \_\_\_\_\_ ⇨ Pensions/Annuities/Rental Income/ All Other Income Statements
- Untaxed Income (housing allowance, family support) \$ \_\_\_\_\_ ⇨ Pay Stubs/Official Summary Letter

### Why do you need my tax returns?

In order to ensure fair distribution of financial assistance dollars, we have an obligation to our donors and community to confidentially verify financial need for each applicant.

**Estimated Gross Income:** \$ \_\_\_\_\_

## 3. Which Scholarships do you need?

Membership  Program  Childcare  Camp

### Circle which type of membership you'd like:

2 Adult w/Children 1 Adult w/Children 2 Adult Adult Teen Youth

### EXPEDITED MEMBERSHIP ENROLLMENT

- INITIAL I would like to begin my membership immediately with a complimentary one-time 25% discount.
- INITIAL I understand that to qualify for a reduced membership rate going forward, I must submit income verification within 7 days, or my monthly payments will automatically increase to the regular one.

## REQUIRED CHILD CARE/ CAMP INFO

- Is your child attending child care (YMCA or other) in a government-assisted slot?  YES  NO  
If yes, check one:  Basic/income eligible contracted slot  Voucher  Other \_\_\_\_\_  
Where is she/he currently attending child care? \_\_\_\_\_
- Are you currently on the state's waiting list to receive subsidized child care?  YES  NO  
You're and your income falls within a certain range and all caregivers are working, we will ask you to complete a waitlist application before your YMCA Financial Assistance award is approved.
- If applying for camp, how many weeks do you need? \_\_\_\_\_

## ANNUAL RENEWAL NOTICE

- INITIAL I understand that I will be asked to submit updated financial information annually, in order to confirm that I still qualify for assistance and to adjust my rate as appropriate. I understand that if I do not resubmit my financial information during the renewal period (typically 1 year), my assistance will expire, and any membership/childcare/camp/program fees will **automatically increase to the regular rate.**