



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Changing Lives Financial Assistance Application

THE ESSENCE OF THE Y

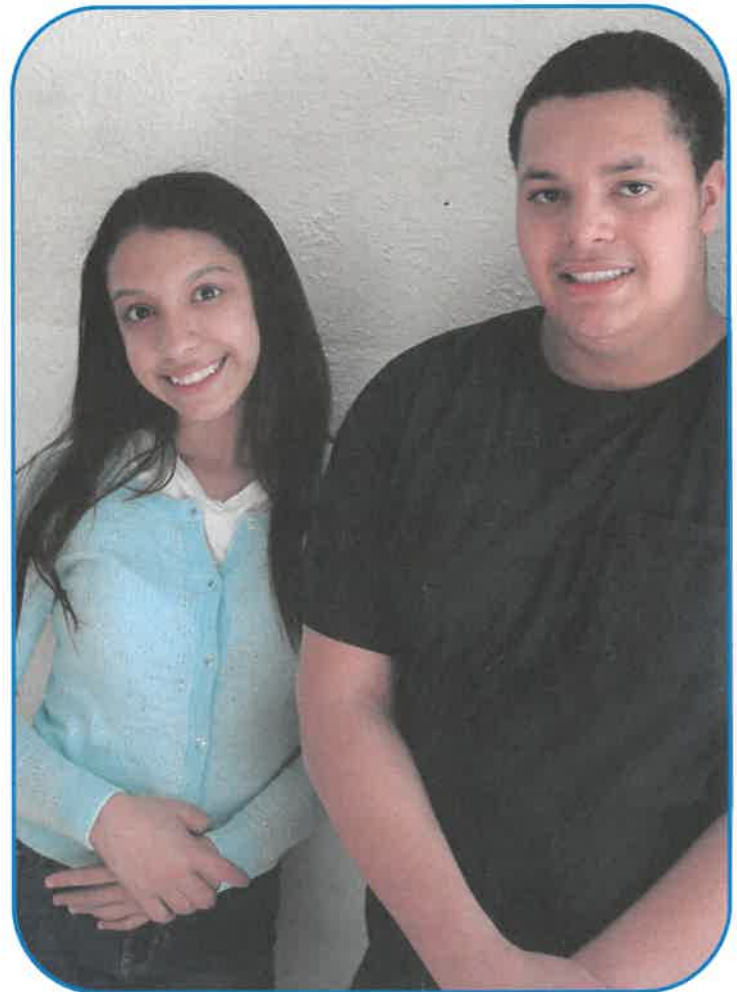
With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of Reading & Berks County ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Changing Lives Financial Assistance Program, the YMCA of Reading & Berks County provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



Changing Lives Financial Assistance reduces membership fees; it does not eliminate them.

All Changing Lives Financial Assistance will be granted for 12 months.

The YMCA requests that individuals and families reapply annually, with updated documentation.

Membership fees are subject to change when you reapply.

If you do not reapply at the time requested, your membership will expire.

Please contact your branch if you have any questions.

Changing Lives Financial Assistance Application

Apply for a Changing Lives Financial Assistance in 5 easy steps!

1 APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____

State _____ ZIP Code _____ Birthdate _____

Home Phone () _____

Cell Phone () _____

Email _____

If an applicant is under 18: Parent's or legal guardian's name _____

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

<input type="checkbox"/> Parent/Guardian/Adult	DOB _____
<input type="checkbox"/> Parent/Guardian/Adult	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Other dependent(s)	Age(s) _____

3 I AM APPLYING FOR

MEMBERSHIP

PROGRAM

<input checked="" type="checkbox"/>	Check category for which you are applying
<input type="checkbox"/>	YOUTH
<input type="checkbox"/>	STUDENT
<input type="checkbox"/>	ADULT
<input type="checkbox"/>	FAMILY
<input type="checkbox"/>	SENIOR
<input type="checkbox"/>	SENIOR FAMILY
<input type="checkbox"/>	OTHER
<input type="checkbox"/>	CHILD CARE (Not available at all branches)
<input type="checkbox"/>	DAY CAMP

↓ FOR CHILD CARE & CAMP APPLICANTS ONLY ↓

What other options of Child Care are available to you? _____

Who has custody of the child(ren)?

Joint Mom Dad Foster guardian
 Guardian I do not have custody

Parent/guardian #1

At Home Working In School

Parent/guardian #2

At Home Working In School

4 TO QUALIFY FOR ASSISTANCE PROVIDE THE FOLLOWING DOCUMENTS:

↓ I FILED FEDERAL TAXES ↓
FOR LAST YEAR

OR ↓ I DID NOT FILE FEDERAL TAXES ↓
FOR LAST YEAR or
MY HOUSEHOLD INCOME HAS CHANGED SINCE I
FILED 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

Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

\$ _____ x 12 =
30 DAYS INCOME MONTHS

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

- I receive income from the following programs:
- Food stamps Child support SSI Unemployment Disability Other

\$ _____
PROGRAM TOTAL

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

I certify that 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 sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so assistance 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.

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Signature of person completing this form _____

Date _____

Attach all applicable financial documents and turn in to your YMCA branch Welcome Center.

FOR OFFICE USE

APPROVED YES NO

YOU %

JOIN TODAY FOR \$

STAFF NAME DATE

AWARD LETTER IS VALID FOR 30 DAYS.

Payment plans are available. YMCA STAFF: Return financial documents to applicant. Copy this form and give to applicant.

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 YMCA Changing Lives Financial Assistance because:

Would you be willing to volunteer your time to do some work for the YMCA? Yes No

Special Skills: _____ Hours per week available? _____