



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MAKING MEMBERSHIP POSSIBLE FOR ALL

Community Support 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 Hornell Area Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE WELCOME

The Y 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 Community Support Financial Assistance Program, the Hornell Area Family YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts are handled in a fair and consistent manner using a sliding scale. 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.



WHAT YOU NEED TO KNOW BEFORE APPLYING

The Hornell Area Family YMCA believes in providing membership and program services to all who desire to participate. The Financial Assistance program, supported in part through donations to the Annual Community Support Campaign, provides membership and program services to those in need within our available resources.

- > Financial Assistance reduces fees; it does not eliminate them.
- > Financial Assistance must be renewed every 12 months.
- > Membership fees are subject to change when you reapply.
- > Applications without Income Documentation will be denied.
- > All provided documents will be shredded upon approval.

HORNELL AREA FAMILY YMCA
18 Center Street, Hornell, NY 14843
P 607 324 5520 F 607 324 5521
www.hornellymca.com

1. APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ DOB _____

Email _____

3. MEMBERSHIP STATUS

I am not currently receiving any Financial Assistance

I am renewing my current Financial Assistance

Membership Category:

Youth - 19 years and under

Young Adult - 20 years to 25 years

Adult - 26 years and over

Senior - 60 years and over

Family 1 - One adult and all kids through 22 years

Family 2 - Two adults and all kids through 22 years

Other Program _____

Describe any special circumstances:

FOR OFFICE USE ONLY

Received: ____/____/____ Staff: _____

30 Days income X 12: \$ _____

Approved Yes No

Award: _____% FIF Renewal

Date Completed: ____/____/____

2. HOUSEHOLD MEMBERS

Name of every person in household including applicant	Date of Birth	Applying for Assistance?
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>
5.		<input type="checkbox"/>
6.		<input type="checkbox"/>
7.		<input type="checkbox"/>

4. INCOME CHECKLIST

MUST PROVIDE ALL REQUIRED DOCUMENTATION TO PROCESS

Last 30 days paystubs for all members in household

Supplemental Security Income (SSI)

DSS Budget Sheet

Food Stamps or Public Assistance

Social Security Award Letter

Unemployment Statement

Disability Statement

Child Support Statement

Other _____

All required income must be provided to process application. Applications without entire household income will be denied and shredded. Attach copies all financial documents and turn into the Hornell Area Family YMCA Member Service Desk. All documents will be shredded upon approval.

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 reported above. I agree, if necessary, to send additional information and documentation to support the above statement. I understand that financial assistance is based on need. In the event that I cancel or my children cancel our participation, I will contact the YMCA immediately so assistance can 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.

Signature of Applicant

_____/_____/_____
Date