



# YMCA of Moore County Financial Assistance Application

Date: \_\_\_\_\_

Applying for Membership Type: \_\_\_\_\_

Office Use Only:	Notified: Yes No	Left Message
Application Reviewed on: _____	Denied - Reason: _____	
Approved: Membership Amount: \$ _____	Program Percentage Discount: _____ %	
Monthly discount: \$ _____	Annual discount: \$ _____	Annual Income: \$ _____

Applicants must provide their most recent income tax return (or a transcript thereof) showing their adjusted gross income. Depending on which form used to file taxes, the adjusted gross income can be found on line 37 of form 1040, line 21 of form 1040A, or on line 4 of 1040EZ. If needed, the applicant(s) can call the IRS at (800)829-1040 to obtain a free transcript of their most recent income tax return. If the applicant(s) was not required to file taxes, they must provide a statement of government benefit payment (SSI, disability, etc.) This can be obtained by calling the Social Security Office at (800) 772-1213 or TTY (800)325-0778.

**All information on this application is confidential.**

### PERSONAL INFORMATION

<b>Head of Household:</b>	<b>Spouse (or other household income contributor):</b>
Full Name: _____	Full Name: _____
Address: _____	Address: _____
City, State: _____ Zip: _____	City, State: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Birthdate: _____	Birthdate: _____
Place of Employment: _____	Place of Employment: _____

Child(ren)'s Full Name	M/F	Birth date	Relationship	School	Grade

### Your present household income level is?

- \$0 - \$12,999
- \$13,000 - 18,999
- \$19,000 - \$24,999
- \$25,000 - \$32,999
- \$33,000 - \$37,999
- \$38,000 - \$49,999

### Itemize your income by the month.

Gross wage, salary: \$ \_\_\_\_\_

Unemployment: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_

Alimony: \$ \_\_\_\_\_

Aid to Dependent Children: \$ \_\_\_\_\_

### What benefits do you see in having this scholarship?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA of Moore County within 30 days, I may be terminated from the financial assistance program. Services will be provided without regard to sex, race, color, national origin or handicap. By signing this form, I understand that this request for financial assistance will be reevaluated each year or as deemed necessary by YMCA staff.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**YMCA OF MOORE COUNTY & CACTUS FAMILY YMCA  
FINANCIAL ASSISTANCE POLICY,  
PROCEDURE AND APPLICATION**



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**Mission:** The YMCA of Moore County & Cactus Family YMCA is a non-profit organization dedicated to building self-esteem and enriching the spirit, mind and body for persons of all ages and economic levels.

**Policy:** The YMCA of Moore County & Cactus Family YMCA are inclusive organizations that believe no one should be denied the privilege of participation in one of our life-enriching programs. Financial Assistance is made possible by donated funds from the United Way. Talk with a staff member to see how you may be a valuable part of this process.

**Eligibility:** Applicants must reside in the YMCA of Moore County service area. Financial assistance will be granted based on the need demonstrated by family size and annual income and the funds available and reserved for scholarship usage. All applicants will be required to submit documentation of income in order to be considered. Also, any other funds received (child support, SSI, aid to dependent children, food stamps, etc.) must be attached or the application will be denied until proof is received. Failure to attach all required forms will cause delays in your application being processed. *(If approved, all applicants will re-apply annually to provide maximum assistance to the individuals and families where there is the greatest need.)*

**Payment:** If approved you will not pay a joining fee. You are required to pay a prorated fee when opening your account. Payments must be made on or before the 15<sup>th</sup> of every month. All members who default on monthly or quarterly payments will have their membership terminated immediately. All paper work will have to be resubmitted.

**Application:** Applications are available at the front desk at the YMCA or at the bottom of this page in (PDF) format. All applications must be completed thoroughly and accurately. **Verification of income and expenses must accompany the application before it can be processed.**

**Processing of your application will be done on the following Wednesday, after all required information is submitted.**

*Note: Please do not include originals of any documentation, as they will not be returned. For your privacy and security, all information is kept confidential and treated with the utmost sensitivity.*