



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **FINANCIAL ASSISTANCE PROGRAM**

## **Everyone is welcome**



The Y welcomes all who wish to participate and believes that no one should be denied access based on their ability to pay. Through our Financial Assistance Program, we provide assistance to youth, adults, and families based on individual needs and circumstances.

The YMCA of the Foothills is an association of members open to all. Those facing economic hardship will be accommodated as resources are available to do so. Those requesting support are asked to provide documentation of financial need. All personal and financial information submitted to the Y for the purpose of accommodating fees is strictly confidential.

## **YMCA of the Foothills Membership Rates**

<b>FAMILY</b>	2 Adults + Children	\$100 Joining Fee	\$122 Monthly
<b>YOUNG ADULT</b>	21 - 25	\$30 Joining Fee	\$50 Monthly
<b>ADULT</b>	26 - 64	\$60 Joining Fee	\$81 Monthly
<b>SENIOR</b>	65+	\$30 Joining Fee	\$67 Monthly

[ymcafoothills.org/membership](https://ymcafoothills.org/membership)

# FINANCIAL ASSISTANCE PROGRAM

## Guidelines and Request Process

### PERSONAL INFORMATION

Head of Household Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

What Type of Membership and/or Program(s) \_\_\_\_\_

### DEPENDENT INFORMATION

List names and dates of birth for all individuals residing in the household who share living expenses, including head of household:

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

### FINANCIAL INFORMATION

List gross monthly income from all sources for individuals 18 and older:

Wages \_\_\_\_\_ Food Stamps \_\_\_\_\_ Unemployment \_\_\_\_\_

Cash Aid \_\_\_\_\_ SSI/SSA \_\_\_\_\_ Child Support \_\_\_\_\_

Alimony \_\_\_\_\_ Section 8 \_\_\_\_\_ Misc/Other \_\_\_\_\_

Total Annual Household Income \_\_\_\_\_

### PLEASE INCLUDE TWO OF THE FOLLOWING DOCUMENTS

- Most recent 1040 Federal Tax Form(s), first page only
- Documents showing government assistance being provided.
- 3 Months Bank Statements

I have verified the following documents:

Signature \_\_\_\_\_

Date \_\_\_\_\_

I declare that all information contained in this request is accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*FA applications are valid for 1 year and must reapply.\***