

Financial Assistance

Policy & Application



YMCA

We build strong kids,
strong families, strong communities.

Lockport Family YMCA

19 East Avenue

Lockport, NY 14094

Phone: (716)434-8887

FAX: (716)434-0227

Email: malbiez@aol.com



(Revised 10/30/06)

**LOCKPORT FAMILY YMCA
19 EAST AVENUE
LOCKPORT, NY 14094
Phone: 716/434-8887
Fax: 716/434/0227
E-mail: ymcalkpt@ aol.com**

The Lockport YMCA Candy Sale
available for everyone to participate and
earn their way to YMCA memberships and programs.
We encourage everyone to take part.

Earn 50/50 in YMCA Bucks !

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strong families, strong communities.**

-FINANCIAL ASSISTANCE POLICY-

It is the policy of the Lockport YMCA to assist anyone, by helping to provide services to provide services of membership and programs, regardless of their ability to pay the standard fees. Those not able to pay the full fees may be awarded partial assistance based on their demonstrated need. They will also be encouraged to volunteer their services, assist the YMCA with fundraising events, or participate in the annual “Candy Sale” to earn their way to YMCA Services. All financial and personal information provided in the application will be kept in strict confidence.

ELIGIBILITY

1. Assistance will be granted on a sliding scale, and on the basis of financial need. We evaluate financial need based on the household size and gross household income.
2. The following chart lists gross income according to household size. If your total household gross income is the same or less than amounts on the income chart below, you will be eligible for partial assistance.

INCOME CHART	
NUMBER OF PEOPLE IN HOUSEHOLD	GROSS ANNUAL INCOME
1	\$17,000
2	\$23,000
3	\$25,000
4	\$27,000
5	\$29,000
6	\$31,000

3. The above financial guidelines are to determine initial eligibility. The Lockport YMCA reserves the right to modify this criteria for extenuating and special circumstances.
4. The Lockport YMCA has the ability to deny assistance based on insufficient verification or perceived sufficient income.

-HOW TO APPLY- (Updated 10/06)

- A. Write a brief letter, explaining as completely as you can your need for YMCA Assistance.
- B. Complete the attached Financial Assistance Application. This application is available at the Lockport Family YMCA Service Desk.
- C. Attach proof of your income to the application, proof of income for each wage earner is required. Verification for each type of income listed on the application must be provided. Please provide the documentation listed below for each type of income on your application. **Special circumstances and cases require you to make an appointment with the Director.**

If You Are Currently Employed

1. Income Tax Return (preceding year). If you do not have a copy, you are required to contact the IRS at 1-800-829-1040 to request a copy directly from them; then turn in application with appropriate forms when received.
2. Current Year-To-Date Wage Stub. If no wage stub is available, please bring in a statement from your employer(s) for the current year. This statement should include your total hours worked, total wages earned and your hourly wage.

If You Are On Public Assistance

1. Public Assistance Budget Sheet of “Letter of Notification”

If You Are A Student

1. Copy of receipt stating grant subsidy
2. Current Year-To-Date earnings from work study and any other employment
3. Current proof of class enrollment

If You Receive Unemployment, Social Security, Workers Compensation or Disability

1. Current monthly pay stub. If no pay stub is available, a signed statement verifying your current monthly benefit is required.

If You Receive Child Support or Alimony

1. Statement verifying current monthly Child Support or Alimony. This information should be provided in either your “Divorce Decree” or a modified Divorce Decree.

APPLICATION

It is essential that this form be completed in full to the best of your knowledge. All the information contained herein is confidential between the applicant and the Lockport Family YMCA.

My application is for the following type of membership:

- Youth Young Adult Adult
 Single Parent Family Family Active Older Adult

My application is for the following program(s): _____

My application is: New Renewal

PERSONAL

Name			
Name of Spouse			
Address			
City/Zip			
Phone			
List dependent children below:		Total # of persons in household:	
Name		Age	
Name		Age	
Name		Age	
Name		Age	
<input type="checkbox"/> Check Here for foster child(ren)		Child's Monthly Income:	Case Worker:
Foster Child Name		Age	
List any other persons living in your household and their relationship to you:			
.			

EMPLOYMNET

Are you currently employed?	How long at current job?
Company Name:	
Company Address:	
City/Zip:	Work Phone:
Is your spouse currently working?	How long at current job?
Company Name:	
Company Address:	
City/Zip:	Work Phone:

RACIAL/ETHNIC IDENTITY

Applicants are not required to answer this. If you choose, answer below.

- White, not of Hispanic Origin Black, not of Hispanic Origin Hispanic
 Asian or Pacific Islander American Indian or Alaska Native

What volunteer service can you provide to the YMCA?

Please itemize your monthly income and expenses

INCOME

Wage, salaries, and tips \$ _____
Unemployment compensation \$ _____
Social Security compensation \$ _____
Child support \$ _____
Aid to dependent children \$ _____
Food stamps \$ _____
401K/retirement funds \$ _____
Alimony \$ _____
Other \$ _____
Other \$ _____

TOTAL INCOME \$ _____

EXPENSE

Rent/mortgage \$ _____
Utilities \$ _____
Food \$ _____
Clothing \$ _____
Phone \$ _____
Car/insurance \$ _____
Alimony \$ _____
Child support \$ _____
Medical \$ _____

TOTAL EXPENSE \$ _____

You must attach last year's Internal Revenue Service Tax Statement and/or your SSI allocation statement to verify your annual earnings.

Return the FINANCIAL ASSISTANCE APPLICATION, letter of need and income verification to: **Lockport Family YMCA, c/o Mark W. Albiez, Executive Director, 19 East Avenue, Lockport, New York 14094**

NOTE: YOUR FINANCIAL APPLICATION WILL NOT BE PROCESSED UNLESS ALL SECTIONS ARE COMPLETED AND PROPER INCOME VERIFICATION IS PROVIDED

Upon receipt of all forms and completed application, you will be contacted by mail with your "YMCA Assistance Award".

All prior fees are applicant's responsibility!

VERIFICATION OF INFORMATION

I attest that all the information on this "YMCA Assistance Application" is truthful and accurate; that the FOOD STAMP, FDPIR, or TANF number is correct and that all income is reported. I understand that false information or deception on my part would result in denial of assistance or prosecution to the fullest extent of the law for "*Theft of Services*". I also understand that should my financial situation change, that I will notify the YMCA Executive Director, *immediately*.

Signature: _____ SS#: _____ Date: _____

OFFICE USE ONLY- Do not write below.

Verification of income with: on: Total Yearly Gross:

Verification of income with: on: Household total:

Scholarship granted: % Off Membership % Off Program