



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Sonoma County Family Y 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 Sonoma County Y 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 **Financial Assistance Program**, the Sonoma County Y provides assistance to youth, adults, and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance. Y 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.



***Financial Assistance reduces membership/program fees; it does not eliminate them.**

All Assistance will be granted through July 31. You must reapply every July with updated documentation.

Membership/Program fees are subject to change when you reapply.

If you do not reapply at the time requested, your Financial Assistance will expire & you will be charged the full rates.

**Please contact us if you have any questions at 545-9622:
-extension 3311 for Program questions
-extension 3134 for Membership questions**

Please allow 7-10 days for processing. If applications are not signed or are incomplete they will not be processed.

YMCA Financial Assistance Application

Apply for a Y Financial Assistance in 5 easy steps!

1 APPLICANT INFORMATION

Name	DOB	
Mailing Address		
City	State	Zip Code
Home Ph #()		
Cell Ph #()		
Email		
If applicant is under 18: Parent or Legal Guardian Name & #		

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

<input type="radio"/> Parent/Guardian/Adult	DOB
<input type="radio"/> Parent/Guardian/Adult	DOB
<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB
Other dependent(s) Name/Ages	

3 I AM APPLYING FOR

MEMBERSHIP	YOUTH
	SR YOUTH (ages 15-17)
	YOUNG ADULT (ages 18-24)
	ADULT (ages 25-64)
	2 ADULT HOUSEHOLD
	1 ADULT FAMILY
	2 ADULT FAMILY
	FAMILY PLUS
	SENIOR (ages 65+)
	SENIOR HOUSEHOLD
PROGRAMS	PROGRAMS (Swim lessons, Youth Sports, etc)
	CHILD CARE
	CAMP
	OTHER:
	↓For Childcare/Camp Applicants only↓
	Who has custody of the child(ren)? <input type="radio"/> Joint <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Foster <input type="radio"/> Guardian <input type="radio"/> I do not have custody
Parent/Guardian #1	
<input type="radio"/> AtHome <input type="radio"/> Working <input type="radio"/> In School	
Parent/Guardian #2	
<input type="radio"/> AtHome <input type="radio"/> Working <input type="radio"/> In School	

4 Each adult in the household needs to attach photocopies of qualifying documents from at least (2) of the (4) options below (If you don't have (2) you must include a letter of explanation):

- Current federal tax return for ALL applicants applying for assistance.
- Two of the most recent pay stubs from all adults (if applicable), or a letter from your employer(s) on company letterhead stating your monthly gross income.
- *Disbursement voucher for AFDC and SSI recipients.
- *Proof of income or assistance you currently receive for :
 Unemployment \$ _____ Disability \$ _____
 Child Support/Alimony \$ _____ Pension/Retirement \$ _____ Other \$ _____

Are you currently receiving any other financial assistance? ___Yes ___No
 If yes, please describe _____

*Bank Statements showing regular deposits can be substituted in lieu of disbursement vouchers, proof of income or assistance. Please highlight deposits.

If you have any extenuating circumstances please attach to this application.
APPLICATION MUST BE RENEWED EVERY YEAR IN JULY.

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 sponsorship 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.

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Signature of person completing this form _____ Date _____
Attach all applicable financial documents and turn in to the YMCA Member Center or Program Office

OFFICE USE:

Program Office	Membership Office
Programs: 15% 25% 40%	Join Fee: 15% 25% 40%
Child Care: 20% 10%	Fee Assistance: 15% 25% 40%
Camp: 55% 35% 15%	Declined: _____
Other: 10%	
Processor Signature: _____ Date: _____	
Director Initials: _____ Date: _____ DOO Initials: _____ Date: _____	
<input type="checkbox"/> Letter of exception attached	

Diabetes Prevention Program

___ I am interested in learning more about the YMCA's Diabetes Prevention Program. Please contact me.