

Dear Financial Assistance Applicant:

The Magdalena Ecke Family YMCA offers financial assistance for people of all ages. Assistance is made available through contributions. Our funds are therefore limited and we cannot accommodate the needs of everyone.

The goal of the Magdalena Ecke Family YMCA Financial Assistance Program is to help kids and families who are in need. In order to accomplish this goal, assistance is provided to qualified applicants for a limited period of time.

Please review the following Financial Assistance Policy and confidential application. Complete the application and submit it. You must specify which programs and for which sessions you are applying. If the application is not complete, it will be denied. *Please allow one week for processing of your application.* You will be notified of your acceptance (or denial).

Financial Assistance Policy

1. All applications are confidential. Applications must be completely filled out, including program name, participant name, and start date. Incomplete applications will not be considered.
2. Applicants must complete the Financial Assistance application, including a description of what specific programs or membership are requested.
3. Each approved applicant will be required to make a co-payment of the program fee based on annual income.
4. Financial Assistance funds are available for participants of all ages. Assistance may be applied to program fees and/or membership.
5. Financial Assistance is available for a maximum period of 1 year. Participants may reapply for Financial Assistance once yearly.

CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION

200 Saxony Road • Encinitas, CA 92024 • (760) 942-9622

Please allow one week for processing your application.

The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering the following information, you will help to meet this goal. This information is kept confidential and will not be used for any other purpose.

Current Date: _____ Social Security No. _____
 Your Name: _____ Phone #: (____) _____
 Address: _____ City: _____ State: _____ Zip: _____
 Occupation: _____ Employer: _____
 Work Phone #: (____) _____ E-Mail: _____
 Length of Employment: _____ Family Size: Adults: _____ Children: _____

Spouse's Information:

Name: _____ Social Security No. _____
 Occupation: _____ Employer: _____
 Work Phone #: (____) _____ E-Mail: _____
 Length of Employment: _____

Name(s) of participants applying for a financial assistance:

1. _____	Age _____	Birthdate	/	/	/
2. _____	Age _____	Birthdate	/	/	/
3. _____	Age _____	Birthdate	/	/	/
4. _____	Age _____	Birthdate	/	/	/
5. _____	Age _____	Birthdate	/	/	/

Application for financial assistance is for: _____ Membership-Youth _____ Membership-Adult
 _____ Membership-Young Adult _____ Membership-Family _____ 1 Parent Family
 _____ Membership-Senior _____ Membership-Senior Couple _____ Program
 _____ Camp _____ Child Care/Preschool

Please indicate specific programs and the start dates for which you need financial assistance:

Program Name: _____ Participant: _____ Start Date: _____
 Program Name: _____ Participant: _____ Start Date: _____
 Program Name: _____ Participant: _____ Start Date: _____
 Program Name: _____ Participant: _____ Start Date: _____

Have you ever applied for financial assistance before at the YMCA? _____ Yes _____ No

If yes, which YMCA? _____ When _____

Please itemize your monthly income and expense items

INCOME		EXPENSE	
Wages, salaries, and tips	\$ _____	Rent/Mortgage	\$ _____
Unemployment compensation	\$ _____	Utilities	\$ _____
Social Security compensation	\$ _____	Food	\$ _____
Child Support	\$ _____	Clothing	\$ _____
Aid to Dependent Children (AFDC)	\$ _____	Phone	\$ _____
Food Stamps	\$ _____	Car/Insurance	\$ _____
401K/Retirement Funds/IRA's	\$ _____	Alimony	\$ _____
Alimony	\$ _____	Child Support	\$ _____
Investment Income	\$ _____	Medical	\$ _____
Other	\$ _____	Other	\$ _____
TOTAL MONTHLY INCOME	\$ _____	TOTAL MONTHLY EXPENSE	\$ _____

Please submit copies of the following documents along with your completed application:

- 1) most recently prepared Federal Income Tax return (1040 as well as all schedules and forms) or State Notice of Action
- 2) most recent W-2s, and/ or 1099-Rs
- 3) most current paycheck stub
- 4) if applicable, current SSI benefits verification letter or payment stub

IMPORTANT: Your application may only be processed when ALL of the required forms have been received.

***If this application is for childcare, we suggest you first contact the San Diego County Department of Health & Human Services or the YMCA Childcare Resource Service to apply for childcare subsistence. If qualified, the level of assistance awarded by these organizations may be substantially greater than what our program may offer.**

Please write a paragraph stating your reason for your request for financial assistance: _____

I am submitting income verification with my application for financial assistance and certify that the above information is true and complete to the best of my knowledge.

Signed: _____ Date: _____

The Magdalena Ecke Family YMCA is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through development of the spirit, mind and body.

FOR YMCA USE ONLY:	
ID _____	DATE _____
FILE _____	DIRECTOR _____
FA _____	