

Y ASSISTANCE APPLICATION

YMCA OF NORTHWEST FLORIDA



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

At the Y, we open our doors to everyone as part of fulfilling our mission to build healthy spirit, mind, and body for all. Through our Y Assistance program, we make membership and program opportunities affordable and accessible for everyone.

To be considered for assistance, email the completed application and attachments to the appropriate email address, as listed below:

A **completed and signed Y Assistance Application.**

A copy of the **most recent tax return (form 1040, not W-2's)** or a written statement indicating why no taxes were filed. Attach scan or photo of return.

All sources of income for the last 30 days including but not limited to: Payroll stubs, Social Security benefit letter, disability benefit letter, retirement pay (monthly or annual statement), reemployment benefit letter, pensions, etc. **for every wage earner within the household.** Attach scanned copy or photo of income verification.

A copy of a valid **driver's license** or state issued photo ID card. Attach scan or photo of license.

- Incomplete applications will not be considered so please provide copies of all of the above documents.
- Membership dues may be paid on the 1st or 15th of the month via automatic draft and will be pro-rated based on the timing of the join date.
- All participants will be re-evaluated annually. If you qualify to receive help with childcare, you will be re-evaluated during your afterschool care and/or Summer Camp registration periods.

- For the Bear Levin Studer Family YMCA mrobinson@ymcanwfl.org.
- For the Betty J. Pullum Family YMCA shieb@ymcanwfl.org.
- For the Northeast YMCA/Vickrey Center astephens@ymcanwfl.org.

BEAR | LEVIN | STUDER
165 E. Intendencia St.
Pensacola, FL 32502
850 438 4406
FAX 850 465 9924

VICKREY CENTER
2130 Summit Blvd.
Pensacola, FL 32503
850 478 1222
FAX 850 478 7255

BETTY J. PULLUM
2379 Pawnee Dr.
Navarre, FL 32566
850 936 0049
FAX 850 939 7447

www.ymcanwfl.org

UNIT NAME: _____

UNIT ID: _____ Approved %: _____

March2021

Y Assistance Application
Please print clearly!

Personal Information:

Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email Address#1: _____ Email Address#2: _____
 Emergency Contact Name & Cell Phone: _____ Relationship: _____
 Is this a renewal application? ___ Yes ___ No
 If yes, when was the date of the original application? _____
 How many wage earners live in the Household? _____

Household Members:

First Name	Last Name	Relationship (Spouse, Child, etc.)	Date of Birth	Claimed on Taxes as a Dependent?

Employment Information:

Employer: _____ Work Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Position: _____ How long? _____ Supervisor's Name: _____

Monthly Income/Expense Worksheet

INCOME	
Wages from job (before taxes)	\$
Wages of others in household	\$
Social Security	\$
Reemployment benefits	\$
Retirement/Pension income	\$
Other (explain):	\$
Other (explain):	\$
Other (explain):	\$
Other (explain):	\$
TOTAL HOUSEHOLD INCOME	\$

UNIT NAME: _____ **UNIT ID:** _____ **Approved %:** _____

