

**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, please submit the following to *your local YMCA*:

- _____ 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.
- _____ **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.**
- _____ A copy of a valid **driver's license** or state issued photo ID card.
- _____ **Child Care Only:** A letter from the Early Learning Coalition stating that you have applied for funding.

Incomplete applications will not be considered so please provide copies of all of the above documents.

Membership dues are due on the 1st of the month and will be pro-rated based on the timing of the join date.

If you are seeking help with child care, we will first require you to apply to the Early Learning Coalition (ELC) for help. If you are approved for ELC, you will not be eligible for Y Assistance with child care. You can contact ELC Escambia County at: www.elcescambia.org or ELC Santa Rosa County at: www.elcsantarosa.org.

Y Assistance for membership dues will be re-evaluated on an annual basis. If you qualify to receive help with child care, you will be re-evaluated during your After School Care and/or Summer Camp registration periods.

YMCA OF NORTHWEST FLORIDA

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

NORTHEAST
3215 Langley Ave.
Pensacola, FL 32504
850 478 1222
FAX 850 478 7255

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

UNIT NAME: _____

UNIT ID: _____

YAX: _____

Y Assistance Application
Please print clearly!

Personal Information:

Name: _____ Phone: () _____
 Address: _____ City: _____ State: _____ Zip: _____
 Emergency Contact Name & Cell Phone: _____ Relationship: _____
 Email Address#1: _____ Email Address#2: _____
 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.)	Age	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 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: _____ YAX: _____

Written Statement: In your words, please describe why you need help and how the Y can/has made a difference for you and your family. You may also state why you did not file taxes (if applicable).

PLEASE READ THE FOLLOWING

BY COMPLETING THIS APPLICATION AND SIGNING IT, I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM ALSO AWARE THAT IT IS MY RESPONSIBILITY TO NOTIFY THE YMCA, IN WRITING WITHIN THIRTY (30) DAYS, OF ANY CHANGE IN INFORMATION SUPPLIED IN THIS APPLICATION (SUCH AS INCOME, ADDRESS, LIVING ARRANGEMENTS, OR OTHER MATTERS, WHICH MIGHT AFFECT MY ELIGIBILITY FOR FINANCIAL ASSISTANCE). INCOME MUST BE VERIFIED EVERY SIX MONTHS.

Signature

Date

UNIT NAME: _____

UNIT ID: _____

YAX: _____