



## Community Assistance Reaches Everyone

Dear Applicant:

Enclosed is the financial assistance application you requested. It is in keeping with the mission of the Lionville Community YMCA that no one be denied the benefits of YMCA services due to financial difficulties. We are pleased to provide financial support based on need, through our fundraising efforts.

**ALL REQUESTS MUST INCLUDE THE FOLLOWING:**

- The YCARES assistance application (all pages: front & back)
- A copy of your **2009** W-2 form(s)
  - If you need to obtain a copy of your tax return, please call the Internal Revenue Service (1-800-829-1040). If you did not file taxes, please submit a letter explaining your personal situation
- A copy of your **2009** 1040 form
- Two (2) most recent pay stubs
  - If you do not receive pay stubs, please provide a letter from your employer stating what your income is and the number of hours you work.
- Any letters stating that you are receiving additional income
  - Unemployment, social security, disability, child support, spousal support, public and medical assistance, food stamps, pension/retirement, rental income, etc.

**APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS RECEIVED**

All applications will be reviewed twice a year and you will be required to produce updated information every six (6) months to continue receiving assistance. There may be special circumstances when the YCARES committee might ask you to resubmit paperwork more or less often. I may contact you with questions regarding your application or if additional information is needed. If approved, you will receive an award letter from our volunteer committee.

If you have any questions, please contact me at 610-363-9622 or [jill.duda@umly.org](mailto:jill.duda@umly.org).

Sincerely,

Jill E. Duda  
Staff Coordinator  
YCARES Assistance Program

Enclosure



Are you applying for a Membership? If so, which type?

- Youth
- Adult
- Senior Adult (65+)
- Family
- Senior Family (65+)

Are you applying for Childcare? If so, which type?:  Camp (Number of Weeks: \_\_\_\_\_)

- Preschool (1/2 Day)
- Daycare (Full Day)
- School Age Care (After School)
- Teen Club

For Preschool, Daycare, School Age Care or Teen Club, please indicate number of days/week \_\_\_\_\_

Are you applying for Programs? Please List: \_\_\_\_\_

**Household Information:**

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Adult Applicant:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

# Hours Worked per Week: \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Do you receive tips? YES NO

What hours of the day do you typically work? \_\_\_\_\_

**Adult Co-Applicant:**  Not Applicable, No other adult resides in this household

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

# Hours Worked per Week: \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Do you receive tips? YES NO

What hours of the day do you typically work? \_\_\_\_\_

Dependants	Date of Birth	If attending school, where?	Tuition

**Additional Information:**

Do you claim all dependants listed on this application? YES NO

**Continuing Education:** (if applicable): Is either adult presently enrolled in school? YES NO

Attending:  FULL TIME  PART TIME (Number of Hours/Week \_\_\_\_\_)

Name of Adult Attending School: \_\_\_\_\_

Name of School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**Financial Information**

Please itemize your monthly income and **attach supporting documentation FOR ALL.**

<b><u>INCOME</u></b>	<b><u>MONTHLY AMOUNT</u></b>	<b><u>INCOME</u></b>	<b><u>MONTHLY AMOUNT</u></b>
Gross Wages & Tips	\$ _____	Medical Assistance	\$ _____
Unemployment Comp.	\$ _____	Public Assistance	\$ _____
Social Security Income	\$ _____	Food Stamps	\$ _____
Disability	\$ _____	Pension/Retirement	\$ _____
Gifts from Family/Friends	\$ _____	Rental Income	\$ _____
Child Support	\$ _____	Other: _____	\$ _____
Spousal Support	\$ _____	<b>TOTAL INCOME</b>	<b>\$ _____</b>

**Please explain any special circumstances below - If needed, you may attach a separate sheet.**

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**YCARES Checklist**

*(Please note applications without all required documentation will **NOT** be considered)*

- Your most recent tax information? (1040, 1040A, 1040EZ or schedule C if self employed)  
For your security, please black out all Social Security Numbers.
- Documentation of **ALL** income listed above?
- Letters stating additional income? (See cover page)

I hereby certify that, to the best of my knowledge, the information contained herein is true, correct, and complete. I agree to report any changes in circumstances to YCARES. I understand that documentation is required for consideration to the YCARES program and this financial assistance is short term only. Re-determination may be annual, bi-annual or monthly. This affirmation statement covers all attachments required for determination of eligibility under the YCARES program.

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Applicants Signature	Date	Staff Coordinator's Signature
Date		