

# YCARES™

## Community Assistance Reaches Everyone

Dear Applicant:

Enclosed is the financial assistance application you requested. It is in keeping with the mission of the Upper Main Line YMCA to that no one be denied the benefits of the YMCA due to financial difficulties.

It is through fundraising efforts that we are able to give financial assistance. Any personal statements that you would be willing to share on how the YMCA financial assistance program has impacted yourself or your family would be deeply appreciated. It is through personal statements that the community becomes educated on how essential it is to have a program such as this one. For confidentiality purposes, we guarantee that all names used will be kept confidential.

Please understand that even though the financial assistance committee will consider all requests of each application, the purpose of the Upper Main Line YMCA is to promote the Health and Wellness of individuals and families in the community. To ensure that all qualifying applicants get financial assistance, the amount of aid may be limited by the resources available at the time the application is processed.

### **ALL REQUESTS MUST INCLUDE THE FOLLOWING:**

- The YCARES assistance application.
- A copy of your **MOST CURRENT** tax information.
  - The following forms will be accepted: 1040, 1040A, 1040EZ or schedule C if self employed.
- Two (2) most recent pay stubs.
- Any letters stating that you are receiving additional income (see application).

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

All applications will be reviewed once a year and you will be required to produce updated information every year 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 610-647-9622, ext. 2127.

Sincerely,

*Molly Alberts*

Molly Alberts  
Staff Liaison  
Assistance Program

Enclosure



Financial Assistance for The Upper Main Line YMCA Branch

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 (Half Day)       Daycare (Full Day)       After School (Middle School Age)

\*\* If you choose Preschool, Daycare or After School Care, please indicate number of days/week \_\_\_\_\_

**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 days and hours 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 days and hours do you typically work? \_\_\_\_\_

Dependents*	Date of Birth	If attending school, where?

**\* ALL DEPENDENTS MUST BE CLAIMED ON TAXES TO BE CONSIDERED**

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

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

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

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	\$ _____	Pension/Retirement	\$ _____
Disability	\$ _____	Rental Income	\$ _____
Child Support	\$ _____	Gifts from Family/Friends	\$ _____
Spousal Support	\$ _____	Other: _____	\$ _____
Food Stamps	\$ _____	<b>TOTAL INCOME</b>	<b>\$ _____</b>

I am willing to share my YCARES experience to help educate the community on the financial assistance program and how it has benefited me and/or my family. I understand that this is voluntary and my name as well as other names used in this statement will be changed and kept confidential. I am aware that the purpose of this letter is to assist the YMCA of the Upper Main Line in their educational fundraising efforts.

**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.
- Two (2) most recent pay stubs.
- Documentation of **ALL** additional income listed above?

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 the YCARES committee. 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.

Applicants Signature

Date

Staff Liaison's Signature

Date