



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EVERYONE CAN PLAY

Financial Assistance Application GREATER MISSOULA FAMILY YMCA

Welcome to the Y!

Our mission is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all. Each day we work side-by-side with our neighbors to ensure that everyone— regardless of age, income, or background— can learn, grow, and thrive at the Y.

Yes, you can afford it!

We are proud to offer financial assistance to individuals with an annual income of \$20,000 or less before taxes, and to families with an annual income of \$35,000 or less before taxes. Qualified **Membership Financial Assistance** applicants will receive reduced joining fees and monthly membership dues as well as member discounts on programs. **Program Financial Assistance** is available for those just looking to participate in a program. All program financial assistance expires after six months. All membership financial assistance expires after one year. In order to continue to receive financial assistance, you must reapply **prior** to expiration.

The nuts and bolts:

Once your completed application, with all required documentation, is received by our Welcome Center Staff, our Financial Assistance Representative will process it and contact you within 10 business days. **Applications without documentation are considered incomplete**, and will be destroyed if not completed within 30 days. You may return your completed application in person, or mail it to the Missoula Family YMCA at 3000 S. Russell St. Missoula, MT 59801. Please contact us with questions at (406)721-9622, or visit our website at www.YMCAmissoula.org.



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FINANCIAL ASSISTANCE APPLICATION

1 All fields required.

Primary Adult Name: _____ Date of Birth: _____

Secondary Adult Name: _____ Date of Birth: _____

Email Address: _____

Number of People in Household: _____ Daytime Phone Number (s): _____

Address: _____

2 Type of assistance requested (please check all that apply):

- | | | |
|-------------------------------------------------|---------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Family Membership | <input type="checkbox"/> Senior Membership | <input type="checkbox"/> Adaptive Programs |
| <input type="checkbox"/> Adult Membership | <input type="checkbox"/> Senior Couple Membership | <input type="checkbox"/> Youth Sports |
| <input type="checkbox"/> Couple Membership | <input type="checkbox"/> Aquatics | <input type="checkbox"/> Camp |
| <input type="checkbox"/> Young Adult Membership | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> After School |
| <input type="checkbox"/> Youth Membership | <input type="checkbox"/> Child Care* | <input type="checkbox"/> Other: _____ |

*You will be asked to apply for a Best Beginnings Scholarship before applying for Y Financial Assistance.

3 Please list the name and telephone number of a non-family member who can verify your income.

Name: _____ Phone: _____

I understand that this application will be reviewed by our Financial Assistance Representative and will take up to 10 days to process. I further understand that I am responsible for notifying the Missoula Family YMCA of any changes in my financial status and will provide current documentation for proof of all income sources. I understand that the Y reserves the right to deny assistance based on incomplete applications and/or based on sufficient subsidy/income.

Applicant's Signature: _____ Date: _____

ELIGIBILITY INFORMATION

1 Did anyone in your household file taxes for the previous year?

- Yes Please provide a copy of the tax return for each person who filed. If self-employed, please provide returns for the previous two years.
 No Move to question 2.

2 Is anyone in your household self-employed or employed?

- Yes Please provide paystubs for the most recent month of each employed household member. Please provide profit/loss statements for the most recent tax quarter for each self-employed household member. Household monthly gross income amount: \$ _____
 No Move to question 3.

3 Does anyone in your household receive Workman's Compensation, Social Security, or Social Security Disability?

- Yes Please provide the benefit letter declaring monthly income for each recipient for each benefit. Total household amount: \$ _____
 No Move to question 4.

4 Is anyone in your household a college student?

- Yes Please provide documentation of current enrollment and tuition expenses. If grants and/or loans are received, please provide documentation and an estimated monthly average for each recipient. Total household monthly average: \$ _____
 No Move to question 5.

5 Does anyone in your household receive SNAP, TANF, or unemployment benefits?

- Yes Please provide documentation. Total household monthly amount: \$ _____
 No Move to question 6.

6 Does anyone in your household receive child support or alimony?

- Yes Please provide documentation. Total household monthly amount: \$ _____
 No Move to question 7.

7 Does anyone in your household receive subsidized housing?

- Yes Please provide documentation.
 No Move to question 8.

8 Does your household have any other forms of income or assistance, including family gifts, inheritances, trust funds, pensions, annuities, dividends, etc.?

- Yes Please provide documentation.
 No

Office use only:

Date received: _____ By: _____ Complete? Y/N _____ Completion reminder call by: _____ Date: _____