FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SOUTHWESTERN MONTANA FAMILY YMCA
OPEN DOOR APPLICATION

CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

Please review and respond to all questions below and include all applicable documentation as required. Assistance is based on income, household size, and need. Scholarships are valid for 1 year from date of award. Applicants must reapply before one year has lapsed. Applications are reviewed and processed within 5 business days and MUST be approved prior to registration for membership or programs in order to receive discount. You will be notified by phone when your application has been approved or if more information is needed.

Primary Adult Name: _____

Home/Cell Phone: _____Work Phone: _____

Household Address: _____

City:_____State: _____Zip_____Primary E-mail_____

Secondary Adult Name: _____

Home/Cell Phone:_____Work Phone: _____

Please list ALL additional persons living in household:

_____ D.O.B:_____School/Employer:_____

_____ D.O.B:_____School/Employer:_____

_____ D.O.B:_____School/Employer:_____

_____ D.O.B:_____School/Employer:_____

_____ D.O.B:_____School/Employer:_____

Total Number of Individuals in Household*_____ (*HOUSEHOLD- As defined Per IRS Tax Return)

Assistance Requested for which of the following: _____ Single Membership
_____ Family Membership
_____ After School Program
_____ Summer Camp

Is this application:
NEW or RENEWAL
Please circle One

For Y office use only:

Total Annual Income: _____ Membership Type: _____
Approved: Yes No
Date approved: _____
Date applicant called: _____
Staff Initials: _____

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

To process your application, the following documentation is required for all adults living in the household. This application must be fully completed and accompanied by:

1. Most recent IRS Tax Return for all members of household
2. Last pay stub of all wage earners within household
3. Verification of all public assistance received (SSI, SNAP/TANF, Child Support, Unemployment, Disability, etc.)

EXTENUATING CIRCUMSTANCES/ REASON FOR APPLYING FOR ASSISTANCE:
Please share why you are applying for financial assistance and any extenuating circumstances you would like considered if your income is above normal assistance limits:

_____

_____

_____

_____

_____

_____

_____

_____

ADULT EMPLOYMENT INFORMATION

Employment Information: Must include ALL adults (18 and older) and all jobs of the individuals living in household-married or unmarried

Primary Adult Employer:_____

Salary (please include per/hr or per/mth):_____# of hours per pay period: _____

Secondary Adult Employer:_____

Salary (please include per/hr or per/mth):_____# of hours per pay period: _____

**Additional Employment: Person Employed: _____

Employer: _____

Salary (please include per/hr or per/mth):_____# of hours per pay period: _____

Please use the reverse side of this sheet if more space is needed

TOTAL GROSS INCOME FOR ALL MEMBERS OF HOUSEHOLD:

Wages, salaries & tips	$_____/month
Unemployment	$_____/month
Child Support	$_____/month
Social Security (SSI/SSA)	$_____/month
Disability Income	$_____/month
Public Assistance	$_____/month
SNAP/TANF	$_____/month
Student Awards and Grants	$_____/month
Foster Care	$_____/month
Assisted Housing Allowance	$_____/month
Other_____	$_____/month

As a THANK YOU for receiving Financial Assistance, are you willing to volunteer your time to help us out?
____ Coaching a Y sports team
____ Y Facility Clean Up
____ Other

TOTAL GROSS INCOME **$_____ X 12 = $_____Annually**

If your income is zero, please note how you are paying your monthly expenses.
Documentation may be required.

_____

_____

The Southwestern Montana Family YMCA is a non-profit organization committed to helping the Dillon and surrounding communities. YMCAs serve people of all ages and economic levels. The Southwestern Montana Family YMCA is an inclusive organization that believes no one should be denied the privilege of participation in one of our life-enriching programs. Financial Assistance is made possible by donated funds from our Strong Family Campaign and is designed to fit each individual's financial situation. Financial Assistance is based on the need demonstrated by household income and extenuating circumstances as you have described them above. If the level of assistance that you are approved for does not meet your needs, please contact us so we can do our best to find a solution. Financial assistance expires 1 year from date of award. If you do not reapply before the expiration date, your costs may increase. Members can qualify for only one discount at a time, you may choose the bigger discount. All fees are subject to change.

I hereby certify, under penalty of perjury, that the information I have provided is true and correct as of this date, to the best of my/our knowledge. I authorize the YMCA and their assigns to any and all financial records necessary to verify the information contained in this application. I agree to notify the Y, within 10 working days of any changes of circumstances regarding this information contained in this application. I agree to respect and follow all Y policies and procedures.

PRIMARY ADULT SIGNATURE_____DATE_____

SECONDARY ADULT SIGNATURE_____DATE_____