



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GIVING BACK AND SUPPORTING OUR NEIGHBORS

Financial Assistance for You and Your Family



“When my three kids were very young, they went through a very difficult child abuse situation. We came to the Y pretty broken. At one point we were homeless and I lost one of my kids in a difficult court case. Through all of this though, I always saw the Y as a steady support for me and the boys. I knew I could always lean on the Y. They were able to give me the financial help I needed to keep my kids learning and growing in a healthy environment.”

As society faces many challenges, one thing remains certain: the Y is and always will be dedicated to building healthy, confident, connected, and secure children, adults, families, and communities.

We believe that we have a duty to try to help where help is needed. We believe that with support, resources and guidance, people can improve their own lives and the lives of others. We believe we are part of a global community with global responsibilities.

As a leading nonprofit partner throughout the country, the Y has the track record and on-the-ground presence to move communities forward, just as we do here in San Diego County. As a charity, we work every day to address community needs and ensure that all are welcome and that no one is turned away for an inability to pay.

The Y’s financial assistance program, supported in part by our Annual Giving Campaign, uses all of our available resources to provide financial support to those in need because we believe everyone should have the opportunity to discover who they are and what they can achieve.

If you need help, we are here for you.

At the Y, strengthening community is our cause. Every day we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

What is financial assistance?

Financial assistance offers you and your family the ability to participate as a Y member(s) and/or program participant(s) at reduced rates.

How do I qualify?

Submit the completed financial assistance application as well as the requested support documents to the member services staff at your YMCA. To determine the amount of your financial assistance, we use a sliding-fee scale based on your total household income and number of dependents. We will review the documents and notify you of your approval within three business days. Your information will be kept confidential. If you have questions or require additional clarification regarding the application process, please contact our Membership Director.

How long will I receive financial assistance?

Financial assistance is available as long as you need but you must reapply each year. Your membership fees are subject to change on your anniversary date if we don't receive your renewal.

Is financial assistance available at every Y branch in San Diego?

Yes, each branch offers financial assistance but it is not transferable to another Y.

**THE YMCA OF SAN DIEGO COUNTY
IS DEDICATED TO IMPROVING THE
QUALITY OF HUMAN LIFE AND TO
HELPING ALL PEOPLE
REALIZE THEIR FULLEST POTENTIAL
AS CHILDREN OF GOD THROUGH
THE DEVELOPMENT OF THE SPIRIT,
MIND AND BODY.**



YMCA OF SAN DIEGO COUNTY

3708 Ruffin Road . San Diego CA 92123

858 292 9622

ymca.org

DOCUMENTATION NEEDED:

- 1040 TAX RETURN
- 2 CURRENT PAY STUBS
- DISABILITY DOCUMENT
- SUPPLEMENTAL SECURITY INCOME (SSI) DOCUMENT



FOR OFFICE USE ONLY

Gross Yearly Income _____

Total Household Members _____ F.A. Approval % _____

Date Approved _____ Approved By _____

Applicant Contact Date _____ Branch _____

GIVING BACK AND SUPPORTING OUR NEIGHBORS

Financial Assistance for You and Your Family

1 APPLICANT INFORMATION

Name		
Home Address		
City	State	Zip
Home Phone ()	DOB (mm/dd/yy)	
Email		
If a child (under 18): parent's or legal guardian's name		

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a checkmark for each family member applying for assistance

Parent/Adult	<input type="checkbox"/>	Employer
Parent/Adult	<input type="checkbox"/>	Employer
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Other dependent(s)	<input type="checkbox"/>	Age(s)

3 HAVE YOU EVER RECEIVED YMCA FINANCIAL ASSISTANCE?

No Yes If yes, when? _____ Branch? _____

4 BESIDES YOU, WHO WILL BE ON YOUR MEMBERSHIP?

- Adult
- Family
- Senior
- Student

*FOR CHILD CARE/CAMP ONLY

What other options for child care are available to you?	
Child Custody Status <input type="radio"/> SOLE <input type="radio"/> JOINT <input type="radio"/> FOSTER PARENT <input type="radio"/> I DO NOT HAVE CUSTODY	
Parent #1 Name	Employer
Position/Title	Phone
Parent #2 Name	Employer
Position/Title	Phone

5 HOUSEHOLD - MONTHLY INCOME

Please fill in the boxes with all of the financial resources you and/or your family receive on a **monthly basis**. Documentation must be attached or the application will be returned to you.

	Adult #1	Adult #2	Children	HOUSEHOLD MONTHLY INCOME TOTAL
Total Gross Wages				
Child Support				
Aid to Dependent Children (ADC)				
Social Security Income				
Social Security Disability				
Unemployment				
Alimony				
Retirement				
Pension				
Monthly Value of Food Stamps				
HUD (Section 8)				
Other Assistance (child care subsidy, federal/state aid, medical aid, etc.)				
Total Monthly Income				
Total Annual Income (Total Monthly Income x 12)				

6 HOUSEHOLD - MONTHLY EXPENSE

Please fill in the boxes with all of the financial expenses that you incur.

	HOUSEHOLD MONTHLY EXPENSE TOTAL
Rent/Mortgage	
Groceries	
Phone	
Utilities	
Car Payment	
Medical	
Other	
List Total Monthly Expense	
List Total Annual Expense	

7 HOW MUCH CAN YOU PAY MONTHLY FOR:

1. Membership? _____
2. Childcare? _____
3. Program? _____

If you have questions or require additional clarification regarding the application process, please contact our Membership Director. All information is kept strictly confidential.

DOCUMENTATION NEEDED:

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ADDITIONAL INFORMATION

I need YMCA financial assistance because:

Please use this section to indicate any other information or extenuating circumstances that you feel were not included in this application. If you need more space, attach an additional piece of paper to the form. You may also be asked to include a separate letter, if necessary.

SHOULD YOU NEED TO CONTINUE ASSISTANCE THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS. MEMBERSHIP FEES ARE SUBJECT TO CHANGE ON YOUR ANNIVERSARY DATE WITHOUT RENEWAL.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I, or my children, must cancel my/our participation, I will contact the YMCA immediately so financial assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

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Signature of person completing this form

Date

Submit completed form and requested documents to your YMCA branch.

The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.