



Family YMCA of the Desert
Financial Assistance
Confidential Application

The Family YMCA of the Desert is able to provide financial assistance through a variety of contributions and proceeds, including the Annual Sustaining Campaign and other special events. For those that meet the financial qualifications, applications are accepted throughout the year and must be renewed annually. The maximum amount of subsidy to be granted is 35% on both the annual membership fee and monthly program dues.

Financial assistance recipients are encouraged to volunteer at the YMCA as there are many opportunities available. Please check with your child's Program Director to see how you can help. The YMCA encourages Financial Assistance recipients to write a brief note describing how the program has been of benefit to them. These may be shared with YMCA supporters who appreciate knowing how their contributions are utilized.

Please complete the entire form, sign, and date. The supporting documents you provide will not be returned, so please enclose photocopies. All forms are kept confidential. Completion of this application does not guarantee approval. Please allow 7 - 10 days for processing.

PRIMARY ADULT - PLEASE PRINT LEGIBLY

Form fields for Primary Adult: First and Last Name, Home/Cell Phone No., Address, Apt. #, City, Zip Code, and questions about financial assistance and income.

SECONDARY ADULT - PLEASE PRINT LEGIBLY

Form fields for Secondary Adult: First and Last Name, Home/Cell Phone No., Address, Apt. #, City, Zip Code, and questions about financial assistance and income.

CHILDREN - DEPENDENTS AND APPLICANTS UNDER 18 YEARS OF AGE

Form fields for Children: First and Last Name, Date of Birth, YMCA ID #, Number of adults over 18 in your home, and Number of children under 18 in your home.

ALL SOURCES OF COUNTABLE INCOME REQUIRED:

Please attach appropriate qualifying documents in order for your application to be reviewed

- 1. Current federal *tax returns (W-2 will not be accepted)
2. Three (3) of the most recent paycheck stubs from primary and secondary adult; or a letter from your employer(s) on company letterhead stating your and/or spouse income.
3. Proof of child support income received for the child(ren); disability, social security, foster care/adoption payments or cash aid benefit payments, unemployment. (Do you receive CHILD SPPORT Yes No)

ACKNOWLEDGMENT

Under penalty of perjury, I certify through my signature that the information I provided is true and correct to the best of my knowledge. At any time you may be asked to provide additional support documentation in order to verify income. I am aware that on-time payments are required to receive financial assistance awards. I understand I am subject to the rules and regulations of the Family YMCA of the Desert.

THE YMCA RESERVES THE RIGHT TO REFUSE SERVICE TO ANYONE

Signature and Date lines

PLEASE MARK THE PROGRAM TO WHICH YOU ARE APPLYING FINANCIAL ASSISTANCE:

AQUATICS

Child's Name: _____

Location

- La Quinta (summer only)
- Palm Desert

DAY CAMPS

Child's Name: _____

- Specialty Day Camps
- Theme Day Camps
- YOUTH AND GOVERNMENT

LICENSED CHILDCARE

Child's Name: _____

Program

- Early Childhood Education
- School Age

Site: _____

Plan: _____

Number of Days: _____

- Monthly
- Bi-Weekly

RESIDENT CAMP (summer only)

Child's Name: _____

- Camp Oakes (summer only)
- Other _____

YOUTH SPORTS

Child's Name: _____

Sport

- Y Rookies
- Fall Flag Football
- Basketball
- Karate
- Other _____

STAFF USE ONLY

Primary Adult

Weekly Pay Stubs	\$ _____	+	\$ _____	+	\$ _____	/3	X 52 =	\$ _____
Bi-Weekly Pay Stubs	\$ _____	+	\$ _____	+	\$ _____	/3	X 26 =	\$ _____
Semi-Monthly Pay Stubs	\$ _____	+	\$ _____	+	\$ _____	/3	X 24 =	\$ _____
Monthly Pay Stubs	\$ _____	+	\$ _____	+	\$ _____	/3	X 12 =	\$ _____

Secondary Adult

Weekly Pay Stubs	\$ _____	+	\$ _____	+	\$ _____	/3	X 52 =	\$ _____
Bi-Weekly Pay Stubs	\$ _____	+	\$ _____	+	\$ _____	/3	X 26 =	\$ _____
Semi-Monthly Pay Stubs	\$ _____	+	\$ _____	+	\$ _____	/3	X 24 =	\$ _____
Monthly Pay Stubs	\$ _____	+	\$ _____	+	\$ _____	/3	X 12 =	\$ _____

DATE RECEIVED:	DATE REVIEWED:	REVIEWED BY:	# IN HOUSEHOLD:	GROSS INCOME FOR HOUSEHOLD:
FA %:	% TO PAY:	START DATE:	END DATE:	
ID # OF APPLICANT:	MEMBERSHIP FEE W/FA: <input type="checkbox"/> FAM <input type="checkbox"/> YTH \$ _____	PROGRAM FEE W/ FA:	TOTAL: \$ _____	
DATE CONTACTED APPLICANT:	CONTACTED BY:	CCC INPUT BY:	DATE:	
COMMENTS:				