

ALBANY YMCA FINANCIAL ASSISTANCE APPLICATION for SUMMER CAMP 2009

Dear Applicant:

Thank you for your interest in the Albany YMCA's financial assistance program. This program is possible due to YMCA supporters in our community. Please complete an application for each person and return it to the Albany YMCA (921 Kains Ave., Albany, CA 94706) as soon as possible.

Please see other side of this form for required documentation.

**All applications will be confidential. No incomplete applications will be processed.
You will be notified by May 19 of the decision, or, if submitted after May 19, within 10 days of receipt.**

Please complete Steps A and B below.

| | |
|--|--------------------------------|
| STEP A. APPLICANT INFORMATION. | |
| Child's Name _____ | Sex: M F Birthdate ___/___/___ |
| Child's Name _____ | Sex: M F Birthdate ___/___/___ |
| Parent 1/Guardian 1 Name _____ | Phone _____ |
| Address _____ | City _____ Zip _____ |
| Parent 2/Guardian 2 Name _____ | Phone _____ |
| Address _____ | City _____ Zip _____ |
| Number of dependents in your household (including parent(s)): _____ | |

| | |
|--|-------------------------------|
| STEP B. ELIGIBILITY – Please complete Part 1 or Part 2 of this box. | |
| 1. Low Income (must show proof of income). For each adult in the household, please attach a photocopy of the most recent tax return AND 2 of the most recent pay stubs. | |
| Employer Name & Phone: _____ | Occupation: _____ |
| Employer Name & Phone: _____ | Occupation: _____ |
| Family Annual Income is Under: <input type="checkbox"/> \$7,000 <input type="checkbox"/> \$11,000 <input type="checkbox"/> \$14,000 <input type="checkbox"/> \$16,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> Other _____ | |
| Child Support or additional income _____ | |
| 2. Family receives public assistance: Please attach documentation of assistance. | |
| <input type="checkbox"/> CalWORKS <input type="checkbox"/> Social Security <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment <input type="checkbox"/> Other _____ | |
| Social or Eligibility Worker's Name _____ | ID # _____ |
| Case # _____ | Medical or Food Stamp # _____ |

NOTE: All applications will be confidential. You will be notified in writing prior to program start date. No incomplete applications will be processed. If your financial situation changes, you are required to notify the Albany YMCA immediately as this may affect your financial assistance.

Signature of person completing application: _____ Date: _____

FOR OFFICE USE ONLY: Date rcd ___/___/___ Documentation complete? Yes No. **If no, return to parent.**
Reviewed by/Date _____ App ___ Denied ___ Percent _____ Date notified _____ Accepted _____

In order to consider your application for financial assistance, we must have

information about the financial resources of you and all who reside or contribute to your household income. We cannot make a determination unless we have documentation from one or more of the following sources.

If employed:

- Most recent tax return and 2 recent paystubs from all employed in the household

Note: If you are claimed as a dependent on another person's income tax return other than your spouse, please provide the above documentation for that person.

If you are not employed, sources of household income:

- ◆ Checking or Savings accounts you are living on
- ◆ Interest or Dividends from:
 - Savings Accounts
 - Stocks or bonds
 - Retirement Accounts
- ◆ Unemployment Benefits
- ◆ Rental or Royalty Income
- ◆ Disability Payments
- ◆ Workers Compensation
- ◆ Social Security, SSI, SSP
- ◆ Pensions
- ◆ Insurance Settlements
- ◆ Legal Settlements
- ◆ CalWorks: employment information and/or current school schedule
- ◆ Food Stamps
- ◆ Child Support
- ◆ Cash and/or Other Income
- ◆ Spousal Support
- ◆ Scholarships, Grants, or Other Aid Used for Living Expenses while in school
- ◆ Profit from Self-Employment

***Applications without documentation or current documentation
will not be considered.***