

# **DOWNTOWN BERKELEY YMCA**

## **Financial Assistance for Childwatch:**

### **Monthly Electronic Billing Option**

#### **Information and Application**

**Note:**

**YMCA membership is required of all Childwatch financial assistance applicants. Financial assistance awards cannot be applied toward the cost of a membership and are only available for monthly electronic billing payments. Financial assistance is not available for Childwatch hourly rate payments.**

The Downtown Berkeley YMCA builds strong kids, strong families, and strong communities. Included in this commitment is the belief that everyone should be able to participate in YMCA programs, regardless of financial circumstances. Thanks to the generosity of its members and the donors to the annual Youth Support Campaign, the Downtown Berkeley YMCA provides financial assistance based on family size and income.

To apply for financial assistance for Childwatch monthly electronic bank draft fees for your child, please complete the attached form. Before completing the form, please read the following:

- This is NOT the application for Youth and Teen Programs or Spring Break and Summer Day Camp financial assistance.
- All information submitted as part of the financial assistance process is considered to be confidential.
- Completed financial assistance applications must be submitted no later than 10PM on the 1<sup>st</sup> and 15<sup>th</sup> of each month.
- A panel of volunteers and staff designated by the Board of Managers will review each application within five working days of the submission deadlines.
- Information regarding the decision and amount of the financial assistance award will be mailed to the applicant at the address listed on the application. Information will also be available at the Member Services Desk.
- Financial assistance awards are valid for a period of twelve months from the date of the award and may be used for the Downtown Berkeley YMCA Childwatch program's monthly electronic bank draft fees during those six months.
- If you are applying for more than one child, please list the names of your children on the lines provided. You need only to submit your income verification once, if all names are submitted at the same time.
- Applications must include a copy of your two most recent pay stubs and/or Federal Income Tax Form. AFDC and SSI recipients must include a copy of your disbursement voucher. (The YMCA cannot make copies). Applications will not be processed without this documentation.

**NOTE; YMCA Membership is required of all Childwatch financial assistance applicants. Program financial assistance cannot be applied toward the cost of membership.**

To ensure processing, place completed applications in the financial assistance drop box. The box is located on the entrance lobby wall near the Member Services desk. DO NOT give the application directly to any staff member.

# DOWNTOWN BERKELEY YMCA – CONFIDENTIAL APPLICATION for Financial Assistance for Childwatch monthly electronic bank draft fees

Date of Application \_\_\_\_\_

Name(s) of children for whom you are requesting financial assistance

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If necessary, use additional sheet for more children

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Day-time Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Employer \_\_\_\_\_ Parent/Guardian's Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

How many working adults are in the household? \_\_\_\_\_

How many children are in the household? \_\_\_\_\_

Please list names and ages of additional children not listed above:

\_\_\_\_\_ Age:  
\_\_\_\_\_ Age:  
\_\_\_\_\_ Age:

Financial Information	AMOUNT
Total monthly income before taxes	
Other income including child support, parental support, AFDC, SSI, etc. Please list below:	
<b>TOTAL MONTHLY INCOME</b>	

Please list any special or unexpected circumstances that may affect your financial status. Use additional sheet, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge, by my signature below, that all of the information in this form is accurate and complete, to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**REMEMBER TO INCLUDE APPROPRIATE TAX AND INCOME INFORMATION WITH THIS APPLICATION**

DOWNTOWN BERKELEY YMCA

CONFIDENTIAL

**APPLICATION for Financial Assistance for  
Childwatch monthly electronic bank draft fees**

For office use only

**Date Received by Financial Access Committee** \_\_\_\_\_

**Date Reviewed** \_\_\_\_\_

**Committee Review Comments**  
\_\_\_\_\_

**Award (Percentage of program amount to be paid by awardee)** \_\_\_\_\_

**Award Date** \_\_\_\_\_

**Award Expiration** \_\_\_\_\_

(Financial assistance awards are valid for a period of twelve months from the date of the award and may be used for the Downtown Berkeley YMCA Childwatch program's monthly electronic bank draft fees during those six months.)