

Downtown Berkeley YMCA

Financial Access Program for Adults

The Berkeley YMCA strives to provide everyone access to its programs and facilities. Funds to support financial assistance for memberships are provided by YMCA members, the annual support campaign, and the Board of Managers. The amount available for financial assistance may vary from time to time depending on demand.

Applications for financial assistance are reviewed by the Financial Assistance Committee on the 15th and last day of each month. Award letters are mailed within a week of the committee's review.

Please read the instructions and complete the attached application. Place completed applications and supporting documentation in the Financial Assistance Drop Box located by the Welcome Desk in the lobby of the Berkeley YMCA.

Financial Assistance Application Procedure

Please Read Carefully

1. Applications must be complete. Incomplete applications will be returned.
2. If an item does not apply to you, enter "N/A" (not applicable) in the space.
3. Applications are for individuals. Each applicant needs to submit his/her own application.
4. Applications MUST be signed. Applications that are not signed will be returned and will need to be resubmitted.
5. Applicants must submit a copy of their most recent Federal Income Tax Return along with a copy of the W-2 form and current income verification. A pay stub copy or proof of public assistance is acceptable for income verification. Public agency verification must be dated and signed by the agency. Print-outs are not accepted. Do not submit originals as they will not be returned.

BERKELEY YMCA FINANCIAL ASSISTANCE APPLICATION

Please make sure that your address information is correct as notification of award is made by letter.

Name _____ Date of birth _____

Address _____ Apt. _____

City _____ ZIP _____

Employer _____ Occupation _____

Telephone (day) _____

HOUSEHOLD INFORMATION

Number of Adults, including yourself, you are supporting _____

Number of Children you are supporting _____

INCOME

Your total monthly personal income \$ _____ (verification required)

Your total monthly household income \$ _____ (verification required)

This includes your spouse's/partner's income

Make sure copies of your most recent Federal Income Tax Form, W-2, and income verification are attached to this application.

EXPENSES

(Please list your monthly expenses) on a separate sheet of paper, include housing, food, transportation, medical, child care, etc. How much of your total monthly household expenses is paid by your spouse/partner? \$ _____

PERSONAL STATEMENT - (Optional) Please list on a separate sheet of paper any other circumstances that will help the Finance Assistance Committee in making a determination of your application.

I understand that the completion of this application does not guarantee that I will receive financial assistance from the Berkeley YMCA. I certify that above information is accurate and complete and I authorize the Berkeley YMCA to verify the above information.

Applicant's signature _____ Date: _____

Committee action: