

FRANKLIN COUNTY FAMILY YMCA FINANCIAL ASSISTANCE APPLICATION

APPLICANT: BE SURE TO FILL OUT ALL INFORMATION. WE MUST HAVE PHONE NUMBER TO CONTACT YOU!

Applicant full name	Age	Applicant social security number
Applicant place of employment	How long	Annual salary Other income
Spouse or Other Adult in household full name	Age	Spouse or other adult in household social security number
Spouse or Other Adult in household place of employment	How long	Annual salary Other income
Home address	How long	Home phone number
City State Zip code	Alternate phone number (work or cellular)	

Membership includes use of all Rocky Mount and Smith Mountain Lake facilities. Please indicate below the facility you expect to use the majority of the time. Your financial assistance interview will be held at the facility you indicate.

- Rocky Mount Smith Mountain Lake

Financial Assistance is requested for:

- Membership - indicate type Family of 3 or more Family of 2 Individual Youth
 Program _____ Amount you are able and willing to pay \$ _____

**If this application is for child care, you must attach a denial letter from the Department of Social Services.
For all requests - you must attach last year's IRS tax return and/or SSI allocation statement to verify your annual earnings.**

Please list below everyone presently living in your household. Place a check in the box to indicate any individuals to be included in your request for financial assistance.

<input type="checkbox"/>	Full Name _____	Age _____	Relationship _____	Claimed on your tax return? _____
<input type="checkbox"/>	Full Name _____	Age _____	Relationship _____	Claimed on your tax return? _____
<input type="checkbox"/>	Full Name _____	Age _____	Relationship _____	Claimed on your tax return? _____
<input type="checkbox"/>	Full Name _____	Age _____	Relationship _____	Claimed on your tax return? _____
<input type="checkbox"/>	Full Name _____	Age _____	Relationship _____	Claimed on your tax return? _____

← ← APPLICANT: BE SURE TO COMPLETE BOTH SIDES OF THIS APPLICATION → →

↓ FOR STAFF USE ONLY ↓

Staff: _____ (your name) accepted this application on _____ (date). I looked at both sides making sure that all information was listed including a phone number and I advised he/she will be contacted by phone for an interview.

Date(s) and Notes on contacts made for interview _____

Date & Time of Interview _____ Rescheduled for _____ Reason for Reschedule _____

FINANCIAL ASSISTANCE APPROVED FOR	PUBLISHED FEES	APPROVED FEES	ASSISTANCE	PER	#	TOTAL ASSISTANCE	EFFECTIVE THROUGH



FRANKLIN COUNTY FAMILY YMCA

235 Technology Drive P.O. Box 720
Rocky Mount, VA 24151
E-mail: info@franklincountyyymca.org
540.489.YMCA (9622)

SMITH MOUNTAIN LAKE YMCA

235 FirstWatch Drive
Moneta VA 24121
E-mail: info@franklincountyyymca.org
540.721.YMCA (9622)



Our YMCA is a
United Way Partner Agency

Applicant Name _____ Applicant Home Phone # _____

Please itemize your monthly income and expenses

MONTHLY INCOME

Wage, salaries, and tips \$ _____
Unemployment compensation \$ _____
Social Security compensation \$ _____
Child support \$ _____
Aid to dependent children \$ _____
Food stamps \$ _____
401K/retirement funds \$ _____
Alimony \$ _____
Other \$ _____
Other \$ _____
TOTAL INCOME \$ _____

MONTHLY EXPENSES

Rent/mortgage \$ _____
Utilities \$ _____
Food \$ _____
Clothing \$ _____
Phone(s) \$ _____
Car/insurance \$ _____
Alimony \$ _____
Child support \$ _____
Medical \$ _____
TOTAL EXPENSES \$ _____

Have you previously received financial assistance from the YMCA? If so, please give details: _____

Do you own or rent your home? What is your monthly mortgage/rent payment? \$ _____ Do you own a car? _____

What is the make and model of your car? _____ What is the monthly payment? _____

If unemployed, are you currently seeking work? _____ If not, why? _____

Why are you applying for financial assistance? _____

What benefits do you see in receiving this assistance? _____

What are your hobbies? _____

List any other comments you feel are pertinent: _____

The mission of the YMCA is to provide programs and services that help people to grow in spirit, mind, and body. As we focus on character development, we intend to help persons and families receiving financial assistance reach the level of self-sufficiency. Therefore, financial assistance related to membership and to certain programs will be for a specific period of time, and may be reviewed and re-approved at the appropriate time.

Applicants must read and agree to the following:

- ◆ I have received, read, and understand the YMCA Financial Assistance Program Summary (attached to this application).
- ◆ I understand that this financial assistance is made possible through the gifts of others to the YMCA and to the United Way. A written testimonial and statement of appreciation would be helpful in the YMCA's future fundraising efforts so that others who qualify may also receive assistance.
- ◆ I understand that approval of financial assistance DOES NOT mean that I have registered for membership or for a program. I am fully responsible for registering and paying for program or membership at the Front Desk as required.
- ◆ I understand that verification of some of the information on this application, including tax returns, may be requested by the YMCA.
- ◆ I understand that it is my responsibility to obtain, read, understand, and abide by all YMCA rules and policies.
- ◆ I understand that YMCA gifts of financial assistance are awarded on a sliding scale based on the Virginia Department of Social Service guidelines for poverty.
- ◆ I understand that I am obligated to contact the YMCA if my financial situation improves in any way (new employment, marriage, etc.).
- ◆ I understand that financial assistance may be terminated by the YMCA at any time.

Applicant signature _____ Date signed _____

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Notes _____

