



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL



Changing Lives Financial Assistance Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of youth, promoting healthy living and fostering a sense of social responsibility, the YMCA of the Greater Tri-Valley ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y, regardless of their ability to pay for services. Through our Changing Lives Financial Assistance Program, the YMCA of the Greater Tri-Valley provides assistance to youth, adults and families based on individual needs and circumstances.

Changing Lives Financial Assistance Funds are raised through special events throughout the year.

To support these efforts and give back, you can volunteer, donate baskets and attend these events!

Without the support of these events, Financial Assistance wouldn't be possible!

- Determination Celebration
 - Prayer Brunch
 - Golf Classic

- Financial Assistance reduces membership and/or child care fees; it does not eliminate them.
- All Financial Assistance will be granted for 12 months with current payments.
- Delinquent payments will result in revocation of Financial Assistance awards.
- The YMCA requires that individuals and families reapply annually, with updated documentation.
- Membership fees are subject to change when you reapply.
- A \$10 filing fee applies each time a Financial Assistance application is submitted
- All applicants are required to write a letter outlining how the assistance award will benefit their families'

WHITESBORO CHILD CARE
Trinity United Methodist Church
8595 Westmoreland Road
Whitesboro, NY
13492

ROME FAMILY YMCA
301 W. Bloomfield Street
Rome, NY 13440
(315) 336-3500

ONEIDA FAMILY YMCA
701 Seneca Street
Oneida, NY 13421
(315) 363-7788



PRIMARY APPLICANT INFORMATION– PLEASE PRINT ALL INFORMATION LEGIBLY

Name: _____ Todays Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Membership Type Applying For: ___ Adult ___ Couple ___ Family ___ Senior / ___ SCHOOL AGE CHILD

ALL PERSONS LIVING IN THE HOUSEHOLD, PLEASE LIST ALL ADULTS IF MORE THAN 2

Tax forms must reflect those that are listed below. All household members' income is considered. Family Membership allows for a maximum of 2 adults and their dependent children up to age 22.

Name: _____ Birth Date: _____ Age: _____

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Name: _____ Birth Date: _____ Age: _____

PLEASE PROVIDE COPIES OF THE FOLLOWING THAT APPLY:

	Applicant Initials	Staff Initials
1st page of most recent tax return	_____	_____
2 Most recent paystubs or employment letter	_____	_____
Social Security	_____	_____
Disability	_____	_____
Section 8	_____	_____
Food stamps	_____	_____
Pension Benefits	_____	_____
Unemployment	_____	_____
Other Assistance/Support	_____	_____
Hours worked per week (Adult 1) _____	Hourly Wage _____	or Yearly Salary _____
Hours worked per week (Adult 2) _____	Hourly Wage _____	or Yearly Salary _____
Hours worked per week (Adult 3) _____	Hourly Wage _____	or Yearly Salary _____

Monthly Rent/Mortgage: _____ Letter explaining how aid will make an impact?

SIGNATURE OF APPLICANT:
By signing this application, I verify that all the information I have provided is true and accurate.

Signature: _____ Date: _____

OFFICE USE ONLY Application Received On: _____ Reviewed On: _____

Approved _____ Denied _____ Membership Amount _____