

When one pair of hands just isn't enough



North Penn YMCA

Harleysville Branch
311 Alumni Ave
Harleysville, PA
215.256.0767
Child care only

Indian Valley Branch
890 Maple Ave
Harleysville, PA
215.723.3569

LaCrest Health Center
624 Main St
Lansdale, PA
215.368.1526

Lansdale Branch
608 East Main St
Lansdale, PA
215.368.1601

Visit us online at www.northpennymca.org

The North Penn YMCA is a not-for-profit health and human services organization committed to helping people grow in spirit, mind, and body. The YMCA is here to serve people of all ages, backgrounds, abilities and incomes. It is community based and believes that its programs and services should be available to everyone. That's why the YMCA offers a Financial Assistance Program with a sliding fee scale designed to fit each individual's financial situation.

Over the years, we have found that the YMCA Financial Assistance Program is most utilized by:

- Youth referred by schools, churches and other organizations
- Adults who are temporarily out of work
- Those who are divorced and are experiencing financial hardships
- People on fixed incomes
- People who are overwhelmed by medical bills
- Those experiencing other financial hardships

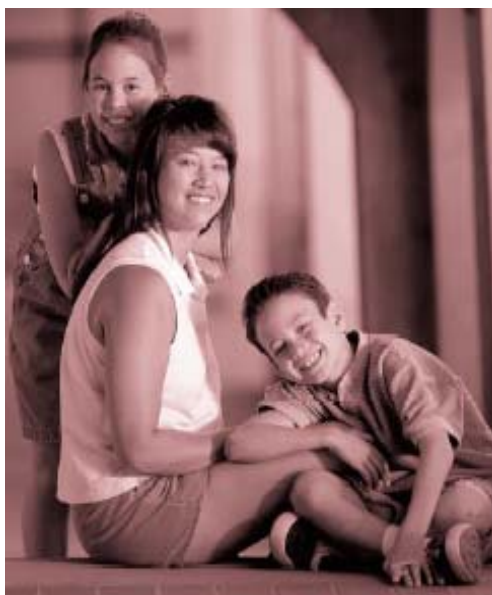
The North Penn YMCA requires that individuals provide the requested information on the attached

form regarding income, family size, and necessary expenses, so that the YMCA can provide financial assistance in a fair and consistent manner.

All granted assistance requests will be for 6 months to 1 year. The YMCA requires that individuals reapply after this time period or when requested, to keep the information on file updated. Fees are subject to increase when you reapply. If you do not reapply when requested your enrollment may be terminated.

The review process for granting Financial Assistance will be handled on a YMCA location by location basis.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA



members can feel confident knowing that they are involved in an organization that cares greatly for the health and well-being of all people and is committed to youth development, healthy living and social responsibility.

To process your application, we will need the following documentation:

- **Copy of last year's tax return**
- **Copy of last two pay stubs; or**
- **Copy of social security or disability checks or copy of bank statement showing amount of automatic monthly deposit**

Note: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040).

All applications for financial assistance are kept confidential.

Financial Assistance Application

APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND APPLICATION IS FILLED OUT COMPLETELY

To process your application, we will need the following documentation:

- Copy of last year's tax return **and** copy of last two pay stubs; **or**
- Copy of social security or disability checks—or copy of bank statement showing amount of automatic monthly deposit

Indicate which services you are applying for:

Membership:

Adult (24+) Family Youth Young Adult (18-23) Senior (65+) Program (specify) _____

Sports **Child Care** **Camp**

When applying for child care and camp, you must complete and attach all child care and camp forms.

Name _____ Date of Birth _____ Sex (M/F) _____

E-mail _____ Home Phone _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Are you a full time student? yes no If yes, where _____

Are you married? yes no Total number of dependents _____ Is spouse a full time student? yes no

Have you ever applied for Financial Assistance at any other YMCA location? Yes No If yes, where _____

List names (last names too, if different from applicant) and ages of all persons in the household. Your household includes all the dependents you claim on your federal income tax return.

1) _____ DOB _____ M/F _____ 5) _____ DOB _____ M/F _____
2) _____ DOB _____ M/F _____ 6) _____ DOB _____ M/F _____
3) _____ DOB _____ M/F _____ 7) _____ DOB _____ M/F _____
4) _____ DOB _____ M/F _____ 8) _____ DOB _____ M/F _____

Employment Information

Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Length of Employment _____ Part-time Full-time

Gross Monthly Income _____ Supervisor's Name _____

Spouse's Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Length of Employment _____ Part-time Full-time

Gross Monthly Income _____ Supervisor's Name _____

Office Use Only

Staff Receiving _____ **Date** _____

Tax Form Attached **Payroll Stubs (2)** **Other Income Verification**

New Applicant **Renewal** **Current Member** **Approved** **Denied/Reason** _____

Membership or Program Award:

Adult Family/SPF Youth Young Adult Senior Program membership (specify) _____

Child Care Camp Sports

Award: Percentage: _____% **Gift \$** _____ **Members' Fee \$** _____ **Installments of \$** _____

Income/Expense Worksheet

Income:

\$ _____ 1) Your Gross Monthly Income
\$ _____ 2) Spouse's Gross Monthly Income
\$ _____ 3) Child Support
\$ _____ 4) Aid to Dependent Children
\$ _____ 5) Welfare
\$ _____ 6) Food Stamps
\$ _____ 8) Other (Please Explain)

\$ _____ Total Monthly Income (Household)
\$ _____ Total Yearly Income (Household)

Expenses:

\$ _____ 1) Rent / Mortgage
\$ _____ 2) Auto Loan
\$ _____ 3) Utilities
\$ _____ 4) Phone
\$ _____ 5) Child Support
\$ _____ 6) Medical
\$ _____ 7) Child Care
\$ _____ 8) Other (Please Explain)

\$ _____ Total Monthly Expenses

Do you share expenses with anyone else in your household? yes no

What is the total number of persons in your household? _____

How much can you afford to pay? _____

What is your reason for applying for Financial Assistance?

What benefits do you see in participating in the YMCA?

Would you be willing to provide volunteer services at the YMCA?

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA of changes within 30 days, I may be terminated from this program.

Signature of applicant _____ Date _____