



# NORTH PENN YMCA Financial Assistance Application

## Required Information for Household:

- Complete and sign the financial assistance application form
- A copy of the most current Federal Income Tax return (1040) FOR EACH ADULT living in the home, listing DEPENDENT CHILDREN living in the home SEE → along with W-2s (self-employed include profit loss statement)

If you do not have a copy of your filing contact:

<https://www.irs.gov/individuals/get-transcript>

- Completed and signed NPYMCA Membership Application (Front and Back). Include only those names listed on your 1040.
- Last four (4) paystubs or Unemployment award letter or Social Security and Supplemental Security (SSI), County assistance, foundations, government and any other third party support as applicable
- A letter detailing the current financial situation and any extenuating circumstances we should be aware of including but not limited to: how your family will benefit from financial assistance, your federal income tax is from a previous year and current employment situation has changed

The image shows a sample of a 2017 U.S. Individual Income Tax Return (Form 1040A). Several sections are circled in blue to indicate required information:
 

- The 'Dependents' section (line 6) is circled, with 'EXAMPLE' written over it.
- The 'Adjusted gross income' section (line 21) is circled, with 'EXAMPLE' written over it.
- The 'Total tax' section (line 15) is circled.
- The 'Total refund' section (line 20) is circled.

## Child Care:

- Licensed Child Care, Day Camp and Early Childhood Education must have a childcare attachment form completed for each child . Check off the applicable days/weeks and program you are requesting assistance for one registration for the program begins
- All applicants for our Licensed Child Care, Day Camp and Early Childhood Education programs must apply for Early Learning Resource Center (ELRC) subsidized child care program benefits before any Extra Hands Assistance is considered and/or granted
- Early Learning Resource Center (ELRC) Region 16 (Bucks County) 333 N. Oxford Valley Rd. Suite 402-403 Fairless Hills, PA 19030-2624 Phone: (610) 437-6000 ext 2000 Toll-Free: 1-833-229-6928 Fax: (610) 432-0100
- Early Learning Resource Center (ELRC) Region 17 (Montgomery County) PO Box 311 1430 Dekalb St. Norristown, PA 19404-0311 Phone: (610) 278-3707 Toll-Free: 1-800-281-1116 Fax: (610) 278-5161

## General Guidelines:

- Any outstanding balances must be paid in full before financial assistance will be granted.
- We are unable to process incomplete applications.
- Refer questions to Pattie Ladley at 215.723.3569 or [pattiel@northpennymca.org](mailto:pattiel@northpennymca.org)

Submit all paperwork and all supporting documentation to the Welcome Center

**Applicant:** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Address (Street/Apt #) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Are you a full time student? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, where \_\_\_\_\_

Relationship Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Separated/Divorced \_\_\_\_\_ Widowed

**Adult Co-Applicant:** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Are you a full time student? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, where \_\_\_\_\_

**I am applying for assistance with:**

**Membership:** Youth Young Adult Adult Single Parent (not married) with dependents  
Family (2 Adults with dependents) 65+

**Programs:** Camp Pre-school Kindergarten Before & After School Care Youth Sports Group Swim Lessons

**List all people living in the household: (use additional sheet as required - see last page)**

NAME	RELATIONSHIP	BIRTHDATE	SEX (M/F)	PRIMARY & SECONDARY HEALTH INS.

**GROSS INCOME INFORMATION**

Please itemize your gross household income. Documentation is required. Use additional sheet as required.

	Your Income	Additional Income	Additional Income
Last 4 paystubs	\$		
Monthly child support	\$		
Allimony	\$		
Unemployment Compensation	\$		
Housing Assistance	\$		
Social Security and/or Disability Compensation	\$		
Pension/ Retirement/IRA/Veterans Funds	\$		
Welfare	\$		
SNAP	\$		
Aid to Dependent Children (TANF)	\$		
LIHEAP	\$		
Other (Please Explain)	\$		

Current Year form 1040 \$ \_\_\_\_\_ Gross Income (Household)

I do not file a federal tax return based on federal government income guidelines

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, do not make required payments, or fail to notify the YMCA of changes within 30 days, I may be terminated from all YMCA privileges.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_



**Child you want to attend our Pre-School, Kindergarten, and Before & After School Care Program  
(Complete one form for each child)**

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (Fall 2018) \_\_\_\_\_

**INDIAN VALLEY FAMILY YMCA**

<p><b>LIVE Y'ers SCHOOL PROGRAMS</b> Please select the program you wish to receive assistance for: AM Only      PM Only      Both AM/PM 5-Day      4-Day      3-Day      2-Day</p> <p>Please select the days your child will need care: (Must be 2, 3, 4, or 5 days) Mon      Tues      Wed      Thurs      Fri</p> <p>Please select the school your child attends: Skiypack      Schwenksville</p>	<p><b>KIDS KARE PROGRAMS</b> Please select the program you wish to receive assistance for: AM Only      PM Only      Both AM/PM 5-Day      4-Day      3-Day      2-Day</p> <p>Please select the days your child will need care: (Must be 2, 3, 4, or 5 days) Mon      Tues      Wed      Thurs      Fri</p> <p>Please select the school your child attends: EMC      Franconia      Oak Ridge      Salford Hills Vernfield      West Broad St      IV Middle School</p>
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**HUGS DAY CARE** 6 weeks to 5 years | Please indicate the days your child will need care: (Must be 2, 3, 4, or 5 days)

5-Day	4-Day	3-Day	2-Day	Age of Child _____
Mon	Tues	Wed	Thurs	Fri

**LANSDALE AREA FAMILY YMCA**

<p><b>2-DAY PROGRAM (TUES/THURS)</b> Nursery Rhyme Tyme (2 yrs) Little Learners (2 1/2 yrs) Kiddie Korner Jr (3 yrs)</p>	<p><b>3-DAY PROGRAM (MON/WED/FRI)</b> Little Learners (2 1/2 yrs) Kiddie Korner Jr (3 yrs) 2 1/2 hours      4 hours Kiddie Korner Pre-K (4 yrs) AM - Mon/Wed/Fri 9 am-1 pm</p>	<p><b>5-DAY PROGRAM (MON/WED/FRI)</b> Little Learners (2 1/2 yrs) Kiddie Korner Jr (3 yrs) 4 hours Kiddie Korner Pre-K (4 yrs) 4 hours      6 hours</p>
<p><b>KINDERGARTEN ENRICHMENT PROGRAM</b> Basic Kindergarten Enrichment AM (9 am-12:30 pm) Basic Kindergarten Enrichment PM (12-3:30 pm) Extended AM Kindergarten Enrichment (6:30 am-12 pm) Extended PM Kindergarten Enrichment (12-6 pm) Extended Plus (AM/PM) Kindergarten Enrichment (6:30 am-6 pm)</p>	<p><b>SCHOOL'S OUT PROGRAM</b> Please select the program you wish to receive assistance for:  AM Only      PM Only      Both AM/PM</p>	

**HARLEYSVILLE EARLY CHILDHOOD CENTER**

<p><b>2-DAY PROGRAM</b> Mon/Wed (2 yrs) Tues/Thurs (2 yrs) Tues/Thurs (3 yrs) Tues/Thurs Pre-Kindergarten (4, 5 yrs)</p>	<p><b>3-DAY PROGRAM</b> Mon/Wed/Fri (3 1/2-4 yrs) Tues/Thurs/Fri (3, 4 yrs) Pre-Kindergarten (4, 5 yrs) AM - Mon/Wed/Fri 9-11:30 am AM &amp; PM - Mon/Wed/Fri 9 am-2:15 pm</p>	<p><b>5-DAY PROGRAM (MON/WED/FRI)</b> Pre-Kindergarten (4, 5 yrs) 9 am-2:15 pm <b>EXTENDED HOURS</b> _____ Number of Days per week _____ Number of Hours per week</p>
<p><b>KINDERGARTEN ENRICHMENT PROGRAM</b> Please select the days your child will need care: (Must be 2, 3, 4, or 5 days)  Mon      Tues      Wed      Thurs      Fri</p>		<p>Please select the program you wish to receive assistance for: 5-Day      4-Day      3-Day      2-Day YMCA Kindergarten Only Kindergarten with AM Care Kindergarten with PM Care Kindergarten with AM &amp; Care</p>

**Child you want to attend Summer Camp  
(Complete one form for each child)**

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (Fall 2018) \_\_\_\_\_

**INDIAN VALLEY FAMILY YMCA Summer Camp**

<b>FULL DAY</b> 9 am-4 pm	<b>EXTENDED DAY</b> 7 am-6 pm	Please select the weeks your child will attend:		
Please select the location of the camp:		Week 1	Week 2	Week 3
Teen Camp	Souderton Park	Week 4	Week 5	Week 6
Scout Cabin	Skippack Elementary School	Week 7	Week 8	Week 9
Please select the days your child will need care: (Must be 3, 4, or 5 days)		Week 10	Week 11	
Mon	Tues	Wed	Thurs	Fri

**LANSDALE AREA FAMILY YMCA Summer Camp**

<b>DAY CAMP</b>	<b>KINDER CAMP</b>	Please select the weeks your child will attend:		
Half Day 9 am-2 pm		Week 1	Week 2	Week 3
Full Day 9 am-4 pm		Week 4	Week 5	Week 6
Extended Day 6:30 am-6 pm		Week 7	Week 8	Week 9
		Week 10	Week 11*	
*(Kids Club - \$40 per day additional fee)				

**HARLEYSVILLE PRESCHOOL Summer Camp**

<b>5-DAY CAMP</b> 9 am-1 pm					
Week 1	Week 2	Week 3	Week 4		
<b>3-DAY CAMP</b> 9 am-1 pm					
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Week 7	Week 8	Week 9	Week 10	Week 11	