




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

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.

Submit all paperwork and all supporting documentation to the Welcome Center. For questions, ontact Donna Katzman at EHFA@NorthPennYMCA.org.

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 _____

