



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WE'RE HERE TO HELP YOU

EXTRA HANDS FINANCIAL ASSISTANCE (EHFA) APPLICATION NORTH PENN YMCA

APPLICANT INFORMATION Please print legibly. If applicant is under 18, please use parent or guardian's name.

Name	DOB
Street Address	
City/State/Zip	
E-mail (required)	Phone

ALL PERSONS LIVING IN THE HOUSEHOLD Please print legibly. List each family member and check mark those applying for assistance, including yourself. Additional space on back if needed.

Name	DOB (mm/dd/yyyy)	Requesting Assistance?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

FINANCIAL INFORMATION (required) Please print legibly. Complete this application in full. Blank areas may delay processing.

Item	Total per month
Gross monthly wages/salary <small>Include paystubs and Federal Tax Return/1040</small>	\$
Child Support/Alimony <small>Include child support/alimony documentation</small>	\$
Disability/Social Security Benefits	\$
Unemployment Compensation	\$
Government assistance	\$
Any other income	\$
Total GROSS Monthly Income	\$

Please note if you are applying for financial assistance for any child care, camp, or early childhood education programs, you **MUST** submit a denial letter from the county Early Learning Resource Center (ELRC) along with your application. For more information on ELRC funding in Pennsylvania, visit dhs.pa.gov.

- Application checklist** Did you include:
- Most recent tax return/1040, 1040EZ or 1040A
 - Most recent 30 days income of all wage earners in the household (i.e. paystubs, etc.)
 - Documentation of any current government assistance, Social Security or Disability
 - ELRC denial (child care/camp assistance only)

I certify that the information I have provided on this form is complete and correct to the best of my knowledge.

Signature _____ Date _____

Submit this application and all supporting documentation to the Y by one of the following ways:

EMAIL (Recommended): EHFA@NorthPennYMCA.org | **FAX:** 215-716-5206

IN PERSON: Any North Penn YMCA branch (Lansdale Area Family YMCA, Indian Valley Family YMCA, or Harleysville YMCA Early Childhood Center)

MAIL: North Penn YMCA Corporate Office | 2506 N Broad Street, Suite 208; Colmar, PA 18915 | **ATTN:** EHFA |

ADDITIONAL PERSONS LIVING IN THE HOUSEHOLD (if all spaces are filled on first page)

Name	DOB (mm/dd/yyyy)	Requesting Assistance?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

TELL US MORE (OPTIONAL)

Please use this space to share any additional information or extenuating circumstances with us that were not covered on the form.

OUR PROMISE

No one will be turned away from the YMCA due to the inability to pay.

North Penn YMCA Corporate Office | 2506 N Broad Street, Suite 208, Colmar, PA 18915 | EHFA@NorthPennYMCA.org

FOR INTERNAL OFFICE USE ONLY:

	Date Received	<input type="checkbox"/>	Decision email sent date
<input type="checkbox"/>	Application logged in EHFA database	<input type="checkbox"/>	Award noted in Member Database
<input type="checkbox"/>	Application received confirmation email sent		Staff Signature: