



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# EXTRA HANDS FINANCIAL ASSISTANCE (EHFA) APPLICATION

## CHILD CARE/CAMP EHFA APPLICATION

NORTH PENN YMCA

### PARENT/GUARDIAN INFORMATION Please print legibly.

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

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

Name	DOB (mm/dd/yyyy)	Requesting Assistance for camp or child care?	Camp/Child Care site/program (i.e. Lansdale Day Care, Lansdale Preschool, Indian Valley Day Care, Live Y'ers, Kids Kare, Harleysville Day Care, Pre-K, Preschool or camp location)

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

Item	Total per month
<b>Gross</b> 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	\$
<b>Total GROSS Monthly Income</b>	\$

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

**Application checklist** You **must** 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  
 Camp/child care registration form/schedule  
 ELRC denial documentation

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](mailto: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

**Child Care/Camp Extra Hands Financial Assistance (EHFA) Application (cont'd)**

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

Name	DOB (mm/dd/yyyy)	Requesting Assistance for camp or child care?	Camp/Child Care site/program (i.e. Lansdale Day Care, Lansdale Preschool, Indian Valley Day Care, Live Y'ers, Kids Kare, Harleysville Day Care, Pre-K, Preschool or camp location)

**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.

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**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: