



## The Altavista Area YMCA Verification Sheet

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_

Email Address \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
 (Street) (City/State) (Zip)

Place of Employment \_\_\_\_\_

Why are you applying for a scholarship? \_\_\_\_\_

For which of the following are you seeking assistance? Membership: Individual \_\_\_ Family \_\_\_ Senior \_\_\_  
 Financial Assistance only applies to Basic Memberships. It does not include Wellness Center memberships or Group Fitness classes. Membership Types: Adult \_\_\_ Family \_\_\_ Senior \_\_\_ Senior Family

### HOUSEHOLD MEMBERS (INCLUDING SELF):

FIRST NAME	LAST NAME	RELATIONSHIP (Spouse, child, etc.)	AGE	Check if claimed on 1040 as dependent

### INCOME/EXPENSE WORKSHEET

Income	Monthly Amount		Expenses	Monthly Amount
YOUR Gross Monthly Income (Before taxes)	\$		Rent/Mortgage	\$
Spouse's Gross Monthly Income (Before taxes)	\$		Car Insurance	\$
Child Support	\$		Auto Loan	\$
Aid to Dependent Children	\$		Fuel	\$
Social Security Compensation	\$		Groceries	\$
Unemployment Compensation	\$		Electric, Gas, Water	\$
Food Stamps	\$		Phone-Landline	\$
Welfare	\$		Cell Phone	\$
Retirement Funds	\$		Cable TV	\$
Other (Please Explain)	\$		Child Support	\$
Other (Please Explain)	\$		Medical	\$
			Child Care	\$
			Alimony	\$
			Other (Please Explain)	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>		<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

\*\* I FEEL THAT I CAN CONTRIBUTE \$ \_\_\_\_\_ EACH MONTH TO MY MEMBERSHIP\*\*



## ALTAVISTA AREA YMCA

### Expectations

The Altavista YMCA has personal interest in your health and well-being. We want to make sure you can enjoy a full quality of life by maintaining a healthy lifestyle.

Our assistance program is made possible by our donors, who also share in the interest of your health and others in our community. For us to be good stewards of those donations, we are responsible for making sure the funds are allocated to those in need and those who are willing to be an example for others in need.

We believe the following requests to be reasonable for those using our Financial Assistance Program:

- Usage – must maintain average of 8 visits per month at the Altavista YMCA
- Financial Assistance Review – Application and all backup documentation must be provided for review.

### Financial Assistance

To process your application, the following information is **REQUIRED**. If you did not file taxes or do not have one of the required documents, you **MUST** submit a letter explaining your situation.

- \_\_\_\_\_ Copy (no originals) of first page of most recent Tax Return.
- \_\_\_\_\_ Proof of Income for EACH ADULT in the household. Include last 2 pay stubs, SSI or Disability Allocation Letter/food stamps, rent subsidy, temporary aid (TANF), retirement, etc.
- \_\_\_\_\_ Copy of child support/alimony; foster care-income per child.
- \_\_\_\_\_ If you are a college student, taking 12 or more credit hours, submit a copy of current schedule, tax return, and financial aid/loans.
- \_\_\_\_\_ If receiving unemployment – proof of amount must be provided.

- Assistance may be reviewed upon request requiring complete updated information and documentation.
- If your financial situation changes you **MUST** inform us within 30 days of the change.
- I understand if documentation of any and all income is required it must be submitted no later than \_\_\_\_\_. And I understand that my membership assistance is dependent upon the submission of the requested information.
- I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false information could jeopardize my financial assistance.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only

Approved \_\_\_\_\_ % Monthly Membership Amt. \$ \_\_\_\_\_

Signature of Reviewer \_\_\_\_\_ Date \_\_\_\_\_