





## ALTAVISTA AREA YMCA

### Expectations

The Altavista Area YMCA has personal interest in supporting **working** families in our community.

Our assistance program is made possible by our donors, who also share in the interest of supporting families 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:

- Financial Aid is only available for working families
- Financial Assistance Review – Application and all backup documentation must be provided for review.

### Financial Assistance

To process your application, ALL of 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 childcare 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 \_\_\_\_\_