



Newport County YMCA Financial Assistance Application Membership

YMCA OFFICE
USE ONLY

received:
Date _____

Received by:

It is the goal of the Newport County YMCA that no one will be denied an opportunity to participate in Membership or Programs due to an inability to afford the fees. Those not able to pay the full fee may be awarded assistance based on a sliding scale and demonstrated need. The YMCA believes a strong sense of ownership and pride is developed if the member contributes to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the membership or program fees.

Financial Assistance applications will not be processed unless they are filled out completely and the required back-up paperwork listed below is attached.

- Applicant must fill out all standard YMCA membership or program forms.
- Applicants must provide a copy of their Federal tax return cover sheet (1040 or 1040EZ) – please blackout your social security number.
- Verification of all taxable and non-taxable income, includes but is not limited to the list below. If verification is not provided please explain.
 - Payroll – 3 consecutive paystubs _____
 - Alimony _____
 - Retirement _____
 - SSI or SSDI _____
 - Food stamps _____
 - DSS awards _____
 - Child support _____
 - Subsidized Rent include a letter from landlord indicating market rate of rent and your share. _____
 - Other forms of assistance _____

Type of Membership for which you are applying; (circle one)

Family	One Parent Family	Adult
College	Older Youth	Youth

****Incomplete applications will not be processed. ****

The YMCA is not responsible for returning original documents.

Your **completed** application will be reviewed within 10 business days and you will be notified by mail of any award and payment terms. Third party billing is not permitted.



We build strong kids, strong families, strong communities.

Newport County YMCA Financial Assistance Application

Through our annual fundraising campaign, the Newport County YMCA provides financial assistance to the individuals and families in our community who can benefit from YMCA membership privileges, but are unable to meet the financial obligation. Consideration for such assistance is dependent upon timely and accurate completion of this application.

All information provided on the form will remain strictly confidential.

If you have any questions, please contact the Newport County YMCA at (401) 847-9200

Section I – Personal Information

Assistance for Programs

Applicant requesting assistance _____

Head of Household _____ Male ___ Female ___

Address _____ City _____ State ___ Zip _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Please list the name and date of birth for all individuals living in the same household who share living expenses (including yourself, spouse/significant other, children, etc.)

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you received financial assistance in the past from the Newport County YMCA? Yes ___ No ___

Do you currently have a balance owed to the Newport County YMCA? Yes ___ No ___

Section II – Personal Information and Documentation

Required Documents (see cover page)

- Copies of the last three pay stubs from all adults living in household
- Copy of prior year 1040 or 1040ez.
- Copy of Social Security, Medicare and/or Welfare Benefits information (if applicable)
- Copy of letter of verification of child support or attempt to receive support (if applicable)
- Copy of letter of denial from Department of Social Services for Child Care Assistance (if applicable)

Income Assessment – *Please complete the following in full.*

- Monthly Gross Salary of Head of Household \$ _____
- Monthly Gross Salary of Spouse/Significant Other \$ _____
- Monthly Gross Salary of other Adults in Household \$ _____
- Monthly Child Support/Alimony (if applicable) \$ _____
- SSI, SSDI, FIP \$ _____
- Value of subsidized rent \$ _____
- Other Income \$ _____
- TOTAL MONTHLY HOUSEHOLD INCOME \$ _____

The Financial Assistance Committee uses a sliding scale based on income. If you have any extenuating circumstances or hardships that you feel may qualify you to receive additional assistance, please note here.

Section III – Important Information for Applicants

You will be ineligible/terminated for financial assistance funds for:

- **Failure to return completed application and required documentation**
- Carrying a past due tuition bill
- Failure to report any change(s) in financial or work status
- Present more than one check returned for insufficient funds
- Falsifying information on Financial Application
- Failure to provide required paperwork from government subsidized programs

Applicants will be notified within ten working days. A personal interview may be required.

I have read and understand the application and verify that all of the information provided is accurate.

Signature of Applicant

Date