



## YMCA of the Triangle – Durham Branches Membership and Programs *for All*

Dear Y-Pathways Applicants:

Thank you for your interest in the Durham YMCA's. Enclosed you will find the application for the Durham YMCAs Membership and Programs. There are several forms that must be sent back with the application in order for your request to be processed. Please read the following information carefully to ensure the accuracy of your paperwork. If the information is not complete, we cannot process your financial assistance and your application will be returned to you in the mail. **The YMCA is not responsible for calling and finding missing information.** All financial assistance is granted on a sliding scale based on income and need.

### **REQUIRED INCOME DOCUMENTATION IS NEEDED TO PROCESS YOUR APPLICATION**

The following documents must be attached to all applications **without exception**. Copies must be provided. Documents will not be returned. Please mark out the Social Security number prior to submitting documentation.

#### **ALL APPLICANTS MUST PROVIDE:**

##### **TAX RETURN**

- Current year Income Tax Return, Form 1040 or 1040EZ, as filed with the Internal Revenue Service (IRS)
  - o IRS can be contacted at 1-800-829-1040
  - o W2's are NOT accepted

##### **ALL OF THE FOLLOWING THAT APPLY**

- Two (2) consecutive pay stubs for EACH wage earner, showing gross and net income
  - o If pay stubs are not available, provide letter of employment specifying gross salary, signed and dated by employer on company letterhead
- Documentation of following benefits:
  - o Social Security, unemployment, disability, Green/Gold checks, retirement, pension, Welfare, Food Stamps, Section 8, TANF (Temporary Assistance to Needy Families) cards, custody agreement, school registration, letter from Social Services for foster children

Thank you again for choosing the Durham YMCA.

Sincerely,

Rebecca Mraz  
Financial Assistance Coordinator-Membership

Stephanie Banks  
Youth Administration



## Financial Assistance Application

**Membership and programs for all:** The YMCA strives to make our programs available to all who will benefit from them, regardless of their ability to pay. All financial assistance is granted on a sliding scale based on income and need. All information is kept confidential.

Date of Application: \_\_\_\_\_  New Application  Renewal

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

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

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

Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

**Spouse and Dependents Living at Home (Please complete.)**

Name	Employer/ School	Birth Date	Age	Grade

Is yours a single-parent household?  Yes  No

This application is for: (Check all that apply.)

- Membership  Summer Camps  Aquatics
- After School Care  Sports
- Intersession  Other Programs \_\_\_\_\_

Please share why you are applying for financial assistance. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please itemize your gross annual household income. Documentation is required.**

	<i>Your Income</i>	<i>Spouse's Income</i>	<i>Other Income</i>
Salary, wages and tips	\$ _____	_____	_____
Unemployment Compensation	\$ _____	_____	_____
Social Security Compensation	\$ _____	_____	_____
Child Support	\$ _____	_____	_____
Aid for Dependent Children	\$ _____	_____	_____
Food Stamps	\$ _____	_____	_____
401(k) Retirement	\$ _____	_____	_____
Alimony	\$ _____	_____	_____
School loan income	\$ _____	_____	_____
Housing allowance	\$ _____	_____	_____
Other	\$ _____	_____	_____
<b>TOTAL Annual Income</b>	<b>\$ _____</b>	_____	_____

What dollar amount are you able to pay each month?

Membership \$ \_\_\_\_\_ per month  
 Program(s) \$ \_\_\_\_\_ per month

**Submit your completed Financial Assistance Application with the following:**

1. Your YMCA Membership or Program Registration Form
2. Copy of your most recent Federal Income Tax return\* (Form 1040 or 1040EZ, including supporting schedules)
3. Copies of your last two paycheck stubs **OR** a letter from your employer stating your annual salary

*\*I do not file a Federal Income Tax return based on federal government income guidelines.*

*I certify that this information is true and complete to the best of my knowledge. I grant permission to the YMCA to verify this information. I agree to notify the YMCA if my financial status should change.*

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**FOR OFFICE USE ONLY**

Date received:

Date processed:

Notified:

Programs:

Awarded:

Review Date: