



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Let Us Help!

Thank you for your interest in YMCA financial assistance. We offer financial assistance to individuals and families who are not able to pay full fees for Y memberships and/ or programs.

To apply for financial assistance, please bring all the following information to a YMCA Welcome Center.

1. Completed financial assistance application. If you are applying for youth programs, you must include the addendum.
2. A copy of your 2017 federal income tax return. If you do not file federal income taxes, please call 1-800-TAX-FORM (1-800-829-1040) for a verification of non-filing or go to IRS.gov for other information.
3. Two most recent paycheck stubs or letter from your employer verifying your employment and stating your annual salary. If you are unemployed, draw social security or a full-time student, please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.

**Please mark out all social security numbers, tax ID numbers and/ or credit card numbers before submitting any paperwork.**

Applications must be submitted with all required documentation. Incomplete applications cannot be processed. All financial assistance is distributed on a case-by-case, first-come, first-served basis.

Select the programs you need assistance for on the Program Addendum. Please do not register for these programs before you submit your financial assistance. We will register your child(ren) as we process your application.

You will receive an email within two weeks regarding your qualification and next steps.

We look forward to serving you.

### **YMCA Customer Service Center**

**919-719-9989 . [customerservice@ymcatriangle.org](mailto:customerservice@ymcatriangle.org)**

**Available Monday - Friday from 8 a.m. - 6 p.m.**



Branch Name	
Date Received	
Front Desk Initials	
All Documents Attached	Y or N
Applicants PID	

## YMCA of the Triangle Financial Assistance Application

The YMCA strives to make our programs and membership 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.

**Primary Adult Applicant:** \_\_\_\_\_  New Application  Renewal Date \_\_\_\_\_

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

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_  Home  Work Mobile # \_\_\_\_\_  Home  Work

Email \_\_\_\_\_ Employer \_\_\_\_\_

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

**Second Adult Applicant:** \_\_\_\_\_  New Application  Renewal

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

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_  Home  Work Mobile # \_\_\_\_\_  Home  Work

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

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

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

Tax Forms must reflect those that are listed below.

Name	Employer / School	Birth Date	Gender	Relationship

Is yours a one-adult household?  Yes  No  Not Applicable



Branch Name	
Date Received	
Front Desk Initials	
All Documents Attached	Y or N
Applicants PID	

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

If you need financial assistance for programs, please fill out the Program Addendum.

**Membership**

- \_\_\_\_\_ # of Young Adults (ages 14-28)
- \_\_\_\_\_ # of Adults (ages 29-64)
- \_\_\_\_\_ # of Seniors (ages 65 and up)     Dependents\*     Nursery (children under age 5)

Dependents (age 22 and under) may include children, foster children, grandchildren and other children for whom the adult is guardian and is tax dependent \*\*

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

	Your Income	Spouse's Income	Other Income
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>	<b>_____</b>	<b>_____</b>

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

1. Current year's Federal Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ)
2. Copies of your last two paycheck stubs **OR** a letter from your employer stating your annual salary
3. Copies of any supporting documentation listed in the above annual salary line items

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

**Applications received without the above documentation attached will be returned unprocessed.**

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