



EXTRA HANDS

FINANCIAL ASSISTANCE PROGRAM

DAYTONYMCA.ORG

WHEN ONE PAIR OF HANDS JUST ISN'T ENOUGH.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The YMCA of Greater Dayton is a not-for-profit health and human services organization committed to helping people grow in spirit, mind, and body. The YMCA is here to serve people of all ages, backgrounds, abilities, and incomes. It is community-based and believes that its programs and services should be available to everyone. That's why the YMCA offers a Financial Assistance Program - a sliding fee scale designed to fit each individual's financial situation.

Over the years, we have found that the YMCA Financial Assistance Program is most utilized by:

- Youth referred by schools, churches, and other organizations
- Adults who are temporarily out of work
- Those who are divorced and are experiencing financial hardships
- People on fixed incomes
- People who are overwhelmed by medical bills
- Those experiencing other financial hardships

The YMCA of Greater Dayton requires that individuals provide the requested information on the attached form regarding income, family size, and necessary expenses - so that the YMCA can provide financial assistance in a fair and consistent manner.

All granted assistance requests will be for 6 months to 1 year. The YMCA requires that individuals reapply after this time period or whenever requested, to keep the information on file updated.

All bank draft participants will be charged the full membership fee if they fail to reapply or will be terminated if they do not reapply. Fees are subject to increase. If you do not reapply when requested, your enrollment will be terminated.

The review process for granting Financial Assistance will be handled on a YMCA location by location basis. At the time you submit your completed application, please also submit your completed Membership Application or Program Registration form.

To process your application, we will need the following documentation for all adults in the household:

- Copy of last year's tax return
- Copy of last two pay stubs **OR** copy of Social Security or Disability checks (or copy of bank statement showing amount of automatic month deposit)

NOTE: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040). All applications for financial assistance are kept confidential.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving financial assistance. YMCA members can feel confident knowing that they are involved in an organization that cares greatly for the health and well-being of all people and is committed to youth development, healthy living, and social responsibility.

YMCA OF GREATER DAYTON LOCATIONS

1. COFFMAN YMCA

(937) 886-9622
88 Remick Blvd.
Springboro, OH 45066

2. DOWNTOWN YMCA

(937) 228-9622
316 N. Wilkinson St.
Dayton, OH 45402

3. FAIRBORN YMCA

(937) 754-9622
300 S. Central Ave.
Fairborn, OH 45324

4. YMCA AT THE HEIGHTS

(937) 236-9622
7251 Shull Rd.
Huber Heights, OH 45424

5. KLEPTZ YMCA

(937) 836-9622
1200 W. National Rd.
Englewood, OH 45315

6. PREBLE COUNTY YMCA

(937) 472-2010
450A Washington Jackson Rd.
Eaton, OH 45320

7. SOUTH YMCA

(937) 434-1964
4545 Marshall Rd.
Kettering, OH 45429

8. WEST CARROLLTON YMCA

(937) 866-9622
900 S. Alex Rd.
West Carrollton, OH 45449

9. XENIA YMCA

(937) 376-9622
336 S. Progress Dr.
Xenia, OH 45385

10. TROTWOOD YMCA NDC

(937) 854-9622
506 E. Main St.
Trotwood, OH 45426

11. GRAND LAKE HEALTH/PREMIER HEALTH NORTH YMCA

(419) 586-9622
7590 State Rte 703
Celina, OH 45822

12. GRAND LAKE HEALTH/PREMIER HEALTH SOUTH YMCA

(419) 629-9622
4075 Wuebker Rd.
Minster, OH 45865

13. YMCA CAMP KERN

(513) 932-3756
5291 OH-350
Oregonia, OH 45054

14. YMCA ASSOCIATION SERVICES OFFICE

(937) 223-5201
118 W. First St., Ste. 300
Dayton, OH 45402

FINANCIAL ASSISTANCE APPLICATION

Applications will be processed only after all information is submitted and application is filled out completely. Termination of program also terminates scholarship and will require that you reapply for assistance.

Name: _____ Phone: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ DOB: _____

Are you a full time student? Yes No If yes, where? _____

Are you married? Yes No Total number of dependents: _____

Is spouse a full time student? Yes No

Have you ever applied for Financial Assistance at any other YMCA location? Yes No If yes, where? _____

List names (last names too, if different from applicant) and ages of all persons in the household. Your household includes all the dependents you claim on your federal income tax return.

1. _____ Age: _____ 5. _____ Age: _____

2. _____ Age: _____ 6. _____ Age: _____

3. _____ Age: _____ 7. _____ Age: _____

4. _____ Age: _____ 8. _____ Age: _____

EMPLOYMENT INFORMATION

Employer: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Length of Employment: _____ Part Time Full Time

Gross Monthly Income: _____ Supervisor's Name: _____

2nd Adult Employer: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Length of Employment: _____ Part Time Full Time

Gross Monthly Income: _____ Supervisor's Name: _____

PLEASE COMPLETE THE BACK OF THIS FORM

FOR OFFICE USE ONLY

Staff Receiving: _____ Date: _____

New Applicant Renewal Current Member Tax Form Attached Approved

Type of Membership: Adult Family Youth Payroll Stubs (2) Denied

Program: _____ Other Income Verification

INCOME/EXPENSE WORKSHEET

INCOME:

- \$ _____ 1. Your Gross Monthly Income
- \$ _____ 2. 2nd Adult Gross Monthly Income
- \$ _____ 3. Child Support
- \$ _____ 4. Aid to Dependent Children
- \$ _____ 5. Welfare
- \$ _____ 6. Food Stamps
- Yes No _____ 7. Reduced Lunch Program
- \$ _____ 8. Other (Please Explain)

\$ _____ Total Monthly Income (Household)

\$ _____ Total Yearly Income (Household)

EXPENSES:

- \$ _____ 1. Rent Mortgage
- \$ _____ 2. Auto Loan
- \$ _____ 3. Utilities
- \$ _____ 4. Phone
- \$ _____ 5. Child Support
- \$ _____ 6. Medical
- \$ _____ 7. Child Care
- \$ _____ 8. Other (Please Explain)

\$ _____ Total Monthly Expenses

Do you share expenses with anyone else in your household? Yes No

What is the total number of persons in your household? _____

How much can you afford to pay? _____

What is your reason for applying for Financial Assistance? _____

What benefits do you see in participating in the YMCA? _____

I verify that all the information submitted is correct, complete, and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA of changes within 30 days, I may be terminated from this program.

Signature of Applicant: _____ Date: _____