

# INCOME / EXPENSE WORKSHEET

## INCOME:

\$ \_\_\_\_\_ 1) Your Gross Monthly Income  
 \$ \_\_\_\_\_ 2) Spouse's Gross Monthly Income  
 \$ \_\_\_\_\_ 3) Child Support  
 \$ \_\_\_\_\_ 4) Aid to Dependent Children  
 \$ \_\_\_\_\_ 5) Welfare (Submit Card)  
 \$ \_\_\_\_\_ 6) Food Stamps  
 yes  no \_\_\_\_\_ 7) Reduced Lunch Program (Submit Card)  
 \$ \_\_\_\_\_ 8) Other (Please Explain)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\$ \_\_\_\_\_ Total Monthly Income (Household)  
 \$ \_\_\_\_\_ Total Yearly Income (Household)

## EXPENSES:

\$ \_\_\_\_\_ 1)  Rent  Mortgage  
 \$ \_\_\_\_\_ 2) Auto Loan  
 \$ \_\_\_\_\_ 3) Utilities  
 \$ \_\_\_\_\_ 4) Phone Listed In Your Name  
 \$ \_\_\_\_\_ 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 \_\_\_\_\_



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 FOR SOCIAL RESPONSIBILITY



# EXTRA HANDS

## FINANCIAL ASSISTANCE PROGRAM

When one pair of hands just isn't enough.





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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 terminate their membership before the review. Fees are subject to increase. If you do not reapply when requested your enrollment may 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:

- **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 monthly 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 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

**COFFMAN YMCA**  
(937) 886-9622  
Springboro · 88 Remick Blvd.

**DOWNTOWN YMCA**  
(937) 228-9622  
Dayton · 316 N. Wilkinson St.

**FAIRBORN YMCA**  
(937) 754-9622  
Fairborn · 300 S. Central Ave.

**Y AT THE HEIGHTS**  
(937) 236-9622  
Huber Heights · 7251 Shull Rd.

**KLEPTZ YMCA**  
(937) 836-9622  
Englewood · 1200 W. National Rd.

**PREBLE COUNTY YMCA**  
(937) 472-2010  
Eaton · 450A Washington Jackson Rd.

**SOUTH YMCA**  
(937) 434-1964  
Kettering · 4545 Marshall Rd.

**WEST CARROLLTON YMCA**  
(937) 866-9622  
West Carrollton · 900 S. Alex Rd.

**XENIA YMCA**  
(937) 376-9622  
Xenia · 135 East Church St.

**NDC TROTWOOD YMCA**  
(937) 854-9622  
Trotwood · 506 East Main St.

**YMCA CAMP KERN**  
(513) 932-3756  
Oregonia · 5291 State Route 350

# 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 \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_

Spouse's 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