



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Unicoi County Family YMCA Financial Assistance for Membership and Programs

Dear Applicant:

Thank you for your interest in our YMCA programs. The attached financial assistance application needs to be completed, with special attention on the amount you could pay per week for the YMCA program you have chosen. Please also complete the attached program application for each child entering the program. Additional forms are available.

Important information for the financial assistance process:

- The Y needs your most recent tax forms as proof of income. You must be working to qualify for Y financial aid for our child care programs.
- If you are not working, but feel you have a special circumstance that may qualify you for assistance, we will certainly take that into consideration.

Please note the importance of providing accurate information to respect the Y's values of caring, honesty, respect and responsibility.

Depending on the volume of applications, it may take up to 5 business days for your application to be processed. If you have any questions, please feel free to call me at 423-743-3361 or email me at ucfymca.cfo@gmail.com

Again, thank you for choosing the Y.

Respectfully,

Becky Lewis

Chief Financial Officer



Unicoi County Family YMCA Program Financial Assistance Application



Program Participant(s) _____ Gender: **M** or **F** Birthdate ___/___/___
 _____ Gender: **M** or **F** Birthdate ___/___/___
 _____ Gender: **M** or **F** Birthdate ___/___/___

Primary Responsible Party _____ Gender: **M** or **F**
 Employer _____ Work Phone _____ # Hours weekly _____ Hourly Wage _____
 Are you currently enrolled in school? No Yes Full time Part time Email _____

Secondary Responsible Party _____ Gender: **M** or **F**
 Employer _____ Work Phone _____ # Hours weekly _____ Hourly Wage _____
 Are you currently enrolled in school? No Yes Full time Part time Email _____

Address _____ City _____ State _____ Zip _____
 Home Phone _____ Primary Cell Phone _____

Please list all dependent household members, their birthdates, their gender, and their relationship to you, the applicant.

1. _____ Birthdate ___/___/___ Gender: **M** or **F** Relationship _____
2. _____ Birthdate ___/___/___ Gender: **M** or **F** Relationship _____
3. _____ Birthdate ___/___/___ Gender: **M** or **F** Relationship _____
4. _____ Birthdate ___/___/___ Gender: **M** or **F** Relationship _____

*** PROOF OF INCOME MUST ACCOMPANY THIS APPLICATION TO BE PROCESSED. ATTACH YOUR LAST TAX FORMS AND LAST TWO CHECK STUBS. IF STUDENT, ATTACH YOUR CLASS SCHEDULE.**
*** FAILURE TO LIST ALL INCOME AND VERIFICATION STATEMENTS WILL RESULT IN DENIAL OF FINANCIAL ASSISTANCE.**

INCOME

Total Household Income (Before Taxes)

Job(s) _____
 Unemployment Compensation _____
 Child Support _____
 AFDC _____
 Retirement Income _____
 Foster Child Support _____
 Pensions _____

 Alimony _____
 Social Security or S.S.I. _____
 Food Stamps _____
 Other Household Income _____
 Financial Aid (if student) _____
 Student Loan(s) _____

Total Income Monthly: _____
Yearly: _____

MONTHLY EXPENSES

Rent/Mortgage _____
 Car Payment(s) _____
 Insurance _____
 Utilities _____
 Phone _____
 Cable/Internet _____

Please list additional expenses, beyond ordinary living costs, that have contributed to your need for assistance _____

Total Expenses Monthly: _____

****Amount you could pay per week for the YMCA program you have chosen** _____

I acknowledge that all of the above information is true and correct to the best of my knowledge.

Updated 5/4/2017

Signature _____ Date _____