



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Let Us Help!

Thank you for your interest in our YMCA programs. The attached financial assistance application needs to be completed. Please also complete a program application for each child entering the program. Additional forms are available.

### **To apply for financial assistance, please bring all the following information:**

1. Complete financial assistance application.
2. A copy of your most recent federal income tax return.
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 employment 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 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. Please do not register for these programs before you submit your financial assistance.

You will receive an email within one week regarding your qualifications and next steps.

We look forward to serving you.

**Unicoi County Family YMCA**  
**423-743-3361**  
**[ucfymca.cfo@gmail.com](mailto:ucfymca.cfo@gmail.com)**



# Unicoi County Family YMCA Financial Assistance Application

Date \_\_\_\_\_

**Primary Adult Applicant:** \_\_\_\_\_

New Application  Renewal

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

Gender \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

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

**Second Adult Applicant:** \_\_\_\_\_

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

Gender \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

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? \_\_\_\_\_

Please share why you are applying for financial assistance.

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**Membership**

\_\_\_\_\_ # of Youth (birth - 17)

\_\_\_\_\_ # of Adults (18-61)

\_\_\_\_\_ # of Seniors (62 and up)

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

	<b>Your Income</b>	<b>Spouse's Income</b>	<b>Other Income</b>
<b>Salary, Wages and Tips</b>			
<b>Unemployment Compensation</b>			
<b>Social Security Compensation</b>			
<b>Child Support</b>			
<b>Aid for Dependent Children</b>			
<b>Food Stamps</b>			
<b>Retirement Income</b>			
<b>Alimony</b>			
<b>School Loan Income</b>			
<b>Housing Allowance</b>			
<b>Other</b>			
<b>Total Annual Income</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 104EZ)
2. Copies of your last two paycheck stubs OR a letter from you 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.

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 \_\_\_\_\_ Date \_\_\_\_\_