

FINANCIAL ASSISTANCE
WE'VE GOT
YOUR BACK



Financial Assistance Program

Geneva Family YMCA

399 William Street

Geneva, NY 14456

315-789-1616

www.genevafamilyymca.org



PROVIDING MEMBERSHIP AND PROGRAM SERVICES TO ALL

- Applications for financial assistance will be reviewed monthly
- Funds are limited and therefore the majority of financial assistance is used to assist Youth and Family Memberships
- Applicants must reside within the YMCA service area
- Applicants must submit supporting documentation to verify household size and income
- Applicants awarded financial assistance must adhere to code of conduct consistent with the character, welfare, and best policies of the YMCA. Failure to do so will result in immediate dismissal from the premises and may result in revocation of membership and/or usage privileges.

2017-2018 Income Limits (Gross)

Household Size	Annual	Monthly	Weekly
1	\$22000	\$1833	\$423
2	\$29000	\$2417	\$557
3	\$36000	\$3000	\$692
4	\$43000	\$3583	\$827
5	\$50000	\$4116	\$926
6	\$57000	\$4750	\$1096
For each additional household member add:			
	+\$7000	+\$584	+\$135



APPLICANT INFORMATION

ALL PERSONS IN HOUSEHOLD

New Applicant Renewal

Applicant / Guardian Name

Employer Name _____ M / F

DOB _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Spouse Name/Significant Other Name _____

Employee Name _____

DOB _____

Are you interested in volunteering?
If yes, what skills could you share with the Y?

NAME	DOB	OCCUPATION	RELATIONSHIP TO APPLICANT

FINANCIAL INFORMATION

The following documents must be attached and are required to determine eligibility.

- ◆ **3 most recent paystubs** for each household member over 18 that is currently employed
- ◆ **Unemployment statements** for each household member over 18 currently receiving benefits
- ◆ **Child Support or Alimony Income** for each household member as applicable
- ◆ **SSI or Disability Statements** for each household member receiving benefits
- ◆ **Other Income** _____

How much can you afford to pay? _____

Failure to disclose any income may result in denial or delay of your application.

THIS APPLICATION IS FOR.....(circle one)

- MEMBERSHIP:** YOUTH
 FAMILY
 ADULT
 SENIOR
 YOUNG ADULT
- PROGRAMS:** CHILD CARE
 YOUTH SPORTS

I understand that the YMCA Financial Assistance Program is designed to assist the youth, adults and families who would otherwise be unable to participate or who have a particular need for YMCA programs. I understand it is my responsibility to notify the Geneva Family YMCA within 10 business days of any changes to my family income, family size or ability to pay. Failure to report such changes will result in immediate termination of Financial Assistance. I understand the Geneva Family YMCA Financial Assistance and award are subject to review at any time. All information is subject to verification. **I am aware that assistance funds are awarded for a maximum of 1 year, after which it is my responsibility to reapply**

Signature: _____

Date: _____

Please Tell Us More!

Please share with us how you see having this Financial Assistance to join the YMCA will benefit you and your family. Please take this opportunity to include any additional information or circumstances of why you are in need of assistance at this time.

Name: _____ Phone: _____ Email: _____



**WE ARE MORE
THAN JUST A GYM**