



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# APPLICATION FOR FINANCIAL ASSISTANCE

**YMCA OF LENAWEЕ COUNTY**

The YMCA of Lenawee County's Annual Campaign is an investment in a better future for thousands of people in our community. The Annual Campaign receives contributions from friends, family members, volunteers and local businesses to underwrite memberships and programming which help develop values, build self-esteem, strengthen families and provide solutions to pressing community needs.

To request Financial Assistance, please fill this application out and bring it into the YMCA of Lenawee County. Please allow one month for the application to be processed. If you need assistance filling out this application, please see our Member Service Desk.

Please share with us how Financial Assistance will benefit you and your family. Make sure to include any additional information we should know about your current circumstances. If this is a renewal of your membership, please share with us how Financial Assistance has made a difference in your life/your family's life (attach additional sheet if needed).

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Yes, I am willing to share my Y story with the YMCA to help support the Annual Campaign.

## APPLICANT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_  Email me my application status OR  Mail it to the address above

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Employer \_\_\_\_\_ School Attending \_\_\_\_\_

Best Method of Contact (circle one):    Email    Home Phone    Mobile Phone

**Please list household members applying for assistance at this residence**

First & Last Name	Employer/School	Date of Birth MM/DD/YY	Gender	Relationship to you (Spouse, Child, etc.)

**Assistance Desired For:**

Membership\*  Programs  Child Care\*\*  Day Camp (completed Kindergarten – 12 years old)

**\*Membership Type (please choose one):**

- Household Membership (up to two adults + kids)
- Two Adult Membership (two adult household)
- Individual Membership (one adult age 27+)
- Young Adult Membership (age 18-26)
- Youth Membership (age 10-17; facility access only; Program Participant pricing for all programming)

**\*\*Child Care Request**

**(Please fill this section out only if you are applying for financial assistance for child care at any of our locations)**

1. Child's name: \_\_\_\_\_ Child Care Site: \_\_\_\_\_

**Please check one box from each column:**

- |   |  |   |                                      |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Infant (6 weeks – 17 months) | <input type="checkbox"/> AM care               | <input type="checkbox"/> Part-Time (1-3 days) | <input type="checkbox"/> School Year |
| <input type="checkbox"/> Toddler (18 months – age 3)  | <input type="checkbox"/> PM care               | <input type="checkbox"/> Full-Time (4-5 days) | <input type="checkbox"/> Summer      |
| <input type="checkbox"/> Preschool (age 3-5)          | <input type="checkbox"/> AM/PM care            |   |                                      |
| <input type="checkbox"/> Kindergarten/Half-Day        | <input type="checkbox"/> 2 <sup>nd</sup> Shift |   |                                      |
| <input type="checkbox"/> School-Age                   |  |   |                                      |

2. Child's name: \_\_\_\_\_ Child Care Site: \_\_\_\_\_

**Please check one box from each column:**

- |   |  |   |                                      |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Infant (6 weeks – 17 months) | <input type="checkbox"/> AM care               | <input type="checkbox"/> Part-Time (1-3 days) | <input type="checkbox"/> School Year |
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| <input type="checkbox"/> Preschool (age 3-5)          | <input type="checkbox"/> AM/PM care            |   |                                      |
| <input type="checkbox"/> Kindergarten/Half-Day        | <input type="checkbox"/> 2 <sup>nd</sup> Shift |   |                                      |
| <input type="checkbox"/> School-Age                   |  |   |                                      |

**Please submit your completed Financial Assistance Application with the following:**

- \_\_\_ Copy of most recent Federal Taxes for all adults in the residence (1040 Tax Form).
- \_\_\_ Copies of the last two paycheck stubs for all those working in the household. A copy of your Schedule C from taxes if self-employed.
- \_\_\_ Copies of any supporting documentation listed in the Income Information Column.
- \_\_\_ Copy of a Denial Letter from the Department of Human Resources (Child Care applicants only)

## INCOME INFORMATION

Please itemize your gross monthly household income.

**Documentation is required for all income sources.**

- Salary, Wages & Tips: \_\_\_\_\_
- Unemployment: \_\_\_\_\_
- Social Security: \_\_\_\_\_
- Child Support: \_\_\_\_\_
- Food Stamps: \_\_\_\_\_
- Ohio Works First: \_\_\_\_\_
- Alimony: \_\_\_\_\_
- Retirement/Pension: \_\_\_\_\_
- Other: \_\_\_\_\_
- Total Income Monthly:** \_\_\_\_\_

**Please read & initial the following:**

- \_\_\_\_\_ I affirm to the best of my knowledge that the information I provided is true and complete. I understand that if I falsify any of the above information, I will not be eligible for assistance.
- \_\_\_\_\_ I realize that my Financial Assistance Application will not be processed until all documentation has been provided.
- \_\_\_\_\_ I understand I will be responsible for any outstanding balances due to the YMCA of Lenawee County.

Applicant Signature

Date