



# Idaho Falls FAMILY YMCA Financial Assistance Application

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

The Idaho Falls Family YMCA strives to make our health, wellness, and family building programs available for all people, regardless of financial status. All scholarships are based on family size and income and awarded on a sliding scale. Proof of income is required for all adults in the household. Proof of dependency is required for all children to be on membership. Financially assisted memberships must be reviewed annually.

### Type of Scholarship Applying for:

- Membership: Family / Senior/ Adult / Youth /
- Program: \_\_\_\_\_

### SECTION A - General Information

First Adult

Legal First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

(For YMCA communication only - Award Letters are sent via email)

( ) Male ( ) Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Second Adult

Legal First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Email address \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

(For YMCA communication only)

( ) Male ( ) Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your annual household income? \_\_\_\_\_

How many adults are in your household? \_\_\_\_\_ How many dependents? \_\_\_\_\_ What is a monthly amount you can afford? \_\_\_\_\_

### SECTION B - Income Documentation

Check if you receive any of the following:

- Child support or alimony (Bring award letter or bank statement showing income/expense)
- Government assistance support (Proof of cash benefits, grants, FIP, TANF)
- Monthly SSI or SSDI (Bring award letter - [www.ssa.gov](http://www.ssa.gov) )
- Pension or retirement (Bring award letter)
- Weekly unemployment (Bring unemployment statement)
- Other financial support (See income verification guidelines for requirements)

### SECTION C - Dependent Information

List all DEPENDENT(s) in the household

Full Legal Name (First, MI, Last)	Gender:	Birth Date:	Relationship to Applicant
1. _____	( ) M ( ) F	____/____/____	_____
2. _____	( ) M ( ) F	____/____/____	_____
3. _____	( ) M ( ) F	____/____/____	_____
4. _____	( ) M ( ) F	____/____/____	_____
5. _____	( ) M ( ) F	____/____/____	_____

Dependent documentation supplied: \_\_\_\_\_ | \_\_\_\_\_ # of dependents.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION D - Staff Use Only

Income	Adult 1 - Monthly	Adult 2 - Monthly
Employment	\$	\$
Unemployment <i>Use amount of benefit left as annual</i>	\$	\$
Self-Employment <i>Amount earned after business expenses = annual income</i>	\$	\$
SS/SS Disability <i>After deductions not including a dependent's SS or SSDI</i>	\$	\$
Pension/Retirement	\$	\$
Child Support (+ if receiving / - if paying)	\$	\$
Spousal Support (+ if receiving / - if paying)	\$	\$
Government cash benefits (FIP/TANF)	\$	\$
Untaxed Income/Odd jobs	\$	\$
Misc./Other (i.e.: School loan income)	\$	\$
Total Monthly Income	\$	\$
<b>Combined Household <u>ANNUAL</u> Income</b>	\$	

## Idaho Falls YMCA INCOME AND DEPENDENT VERIFICATION -

**Provide a copy of the most recent federal tax return document OR DHS award letter that indicates gross earned income and proof of dependents.**

\*Applicants who do not have their federal tax return may go to the IRS office and receive a free statement that verifies they have filed their return as required by law or visit [www.irs.gov](http://www.irs.gov) for a PDF of the official filing. If all dependents were not listed, bring in other documentation listed below.

AND

**Provide verification on all applicable sources of income and provide documentation for any other assistance you receive:**

- 2 Pay Stubs for each working adult that are current and consecutive
- Pensions or Retirement
- Bank statements that show income source (minimum of 3 months)
- Social Security Income (SSI) or Social Security Disability Income (SSDI)– [www.ssa.gov](http://www.ssa.gov) and you can create an account and print your letter and see last year's record income
- Self-Employed: 1040 income on Schedule C or quarterly income statements.
- Letter of Termination from employer
- Unemployment Statement
- Cash benefit Government Assistance: TANF, grants, FIP
- Child Support Income & Alimony payments/deductions
- Letter of Financial Statement from an organization that has knowledge of the applicant's financial support status, household size and situation. Must be on official letterhead. Example: low-income housing property manager.

If there is no current income verification, zero income, negative income, or not approved documentation of income, a financial assistance award cannot be processed. Please explain your circumstances clearly regarding your application to help the YMCA directors in determining the need for assistance. If no explanation is given, application will NOT be considered, and discount will NOT be approved (please see waiver on membership form).

## PROOF OF DEPENDENT(S)

**Provide a minimum of 1 document of dependent verification:**

- Dependents claimed on approved 1040 federal tax return documents
- Free School Lunch Program Letter
- Social Security Income (SSI) or Social Security Disability Income (SSDI): benefit will be addressed to the parent, but the child's name will be listed on the same document
- Government Assistance Documentation Listing Household Size (excluding assessments)
- Insurance letter stating who is eligible or insured with the same address listed as parent or guardian

