

YCARES APPLICATION - GENERAL GUIDELINES

- All application information is handled confidentially and will only be seen by designated YMCA staff.
- If any of the information provided in this application proves to be falsified or if any income/ information is withheld that has resulted in the unfair distribution of scholarship funds, the membership may be terminated and applicant will be ineligible to reapply for YCares in the future.
- Only applications that are completed and include all required documentation will be accepted by Member Services.
- All YCares scholarships are documented for reporting purposes.
- Please allow 2-3 weeks to process your application.
- Once approved, you have 30 days to come in to make your payment and activate your membership. Payment options are automatic Monthly Draft or Prepay 3 or 6 months. All additional program fees must be paid at the time of registration. YCares scholarships that are not activated in the allowed time will be forfeited and those applicants will need to reapply.
- Any outstanding balances must be paid in full before Financial Assistance will be granted.

Y Cares FAQs



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YCARES APPLICATION - REQUIRED DOCUMENTS

ALL APPLICANTS must provide ALL OF THE FOLLOWING DOCUMENTS, unless otherwise noted, in order to be considered for a YCares scholarship.

- Completed YCares Financial Assistance Application including the Applicant Household Income Verification Form.
- Copy of Valid Photo Identification and/or Proof of Residency for any adult 18+ included in the application to be activated on the membership
- Proof of Guardianship for any minor included on the application to be activated on the membership.
- Original Copies of previous 30 days of income including ALL pay stubs for ALL working adults in the household. All income or lack of income must be verifiable. **Please note any applications with no verifiable income or a statement explaining your circumstances will not be processed.**
- Proof of ALL other sources of income, if applicable.
 - Unemployment Benefits,
 - TANF
 - SNAP
 - Worker's Comp
 - Child Support/Alimony
 - Social Security (Retirement Income, Survivor Benefits, Disability Benefits)
 - SSI: Supplemental Security Income
 - Self Employment Proof of Income from previous 30 days (Grubhub, DoorDash, Uber, Lyft, Twitch, YouTube, or any other means of digital/personal/influencer income)
- 1040 Tax form for the most recent year (front and back), showing dependent children and any other adult included in this application. If any additional adult has filed separately, they must also include their own tax form. If you receive Social Security or if for any other reason you did not file taxes the previous year, you are required to submit a request to the IRS.gov website to receive your transcript for that tax year to provide verification of non filing status.
- *Personal Written letter of need explaining why you are applying for Y Cares financial assistance, including any special circumstances that we should take into consideration in determining your scholarship percentage.
- *Reference Letter from someone else bearing witness to your need for financial assistance.

PERSONAL LETTER



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REFERENCE LETTER



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*Form is available in person or online, or scan QR code to the right.

YCARES APPLICATION – INCOME VERIFICATION FORM

Below you must list all income and expenses for your household. All Adults 18 and older must report all GROSS (Before taxes) earnings, supplemental income, or support and provide Proof of ALL Income (Including all Pay Check Stubs from the previous 30 days and Page 1 (Front and Back) of their 1040 Tax form for the most recent year if they are not listed on the primary applicant’s tax form. If taxes were not filed, proof of non filing status can be obtained through IRS.gov.

PRIMARY ADULT

Are you currently a student? Yes No If yes, please attach a current class schedule.
 Are you currently employed? Yes No About how many hours do you work each week? _____
 Current Employer: _____ Title: _____
 Full Time Part Time Seasonal How long have you been with this employer? _____
 Direct Supervisor: _____ Phone #: _____

ADDITIONAL ADULT

Are you currently a student? Yes No If yes, please attach a current class schedule.
 Are you currently employed? Yes No About how many hours do you work each week? _____
 Current Employer: _____ Title: _____
 Full Time Part Time Seasonal How long have you been with this employer? _____
 Direct Supervisor: _____ Phone #: _____

HOUSEHOLD GROSS MONTHLY INCOME (BEFORE TAXES)		TOTAL HOUSEHOLD MONTHLY EXPENSES	
Wages/Salary (Self)	\$	Rent/Mortgage	\$
Wages/Salary (Additional Adult(s))	\$	Groceries	\$
Social Security Benefits	\$	Phone/Internet	\$
Supplemental Social Security Benefits	\$	Utilities (Electric/Cable/Gas, etc...)	\$
Food Stamps (SNAP)	\$	Transportation (Loan/Lease, Insurance, Gas, Public)	\$
Unemployment	\$	Medical (Health Insurance, Prescriptions, CoPays)	\$
Child Support/Alimony	\$	Child Care	\$
Other (TANF, etc.)	\$	Other	\$
Pension/Retirement	\$	Other	\$
TOTAL HOUSEHOLD INCOME	\$	TOTAL HOUSEHOLD EXPENSES	\$

I certify that all information submitted is complete and accurate. I agree that if the above information proves to be falsified or if any income or information is withheld that my membership may be terminated and I will be ineligible to reapply for YCares Financial Assistance in the future. I understand and acknowledge that as a participant of the YCares Financial Assistance program I must reapply and supply new financial information every **6 months**. I understand that if I do not supply the required information that my application will not be processed. I agree to notify the YMCA if there are any changes to my information within 30 days.

 Primary Applicant Signature _____
 Date