

## Frequently Asked Questions



### Who is eligible for YMCA Financial Assistance?

An active older adult on a fixed income, a single parent who is trying to make ends meet, a family in transition, someone who needs a little help for a while—all of these are the faces of the Financial Assistance Program at the Y.

### How is Financial Assistance determined?

We offer a sliding fee scale based on the annual gross household income and the number of dependents living in the household.

### Is it possible to join the Y for free?

The YMCA believes a strong sense of ownership and pride is developed if the assistance recipient has contributed to the cost of their Y involvement. Therefore, applicants will be asked to pay a portion of the fee.

### Will I be treated differently? Will other members know that I am on financial assistance?

Only you and the membership representative will have access to your application. We track assistance data, but only in terms of numbers and statistics, not by names of individuals.

### Is assistance available for all programs?

Assistance is available for memberships, most YMCA programs and childcare. Assistance will be awarded to be used toward membership or one program per participant at a time.

## Our Mission in Action

The mission of the Valley Points Family YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Financial assistance is based on the ability to pay. It is the policy of the Valley Points Family YMCA that no person be denied membership or program participation by reason of inability to pay fees. Funds made available for financial assistance are provided through the Y's annual Youth Development Campaign.



## Valley Points Family YMCA

### Corporate Office

800 Constitution Boulevard  
New Kensington, PA 15068  
724.335.9191

### Kiski Valley Branch

511 Hyde Park Road  
Leechburg, PA 15656  
724.845.1968

### New Kensington Branch

800 Constitution Boulevard  
New Kensington, PA 15068  
724.335.9191

[www.vpfymca.org](http://www.vpfymca.org)



# FINANCIAL ASSISTANCE

Made possible by the  
annual Youth Development Campaign  
of the Valley Points Family YMCA



The Valley Points Family YMCA is a nonprofit organization offering opportunities for personal growth and service to others through youth development, healthy living and social responsibility. To support our staff who review Financial Assistance Applications, we ask people to complete the confidential application honestly and in its entirety. The Y strives to serve all segments of the community. Within our available resources, every effort will be made to accommodate all who wish to participate in Y programs and services. No one will be denied access to a Y program or service solely on the inability to pay.

*\* To ensure that funds available for assistance are utilized by recipients, Financial Aid awardees must use the Y an average of one time per week over the course of their membership term or they will be ineligible to reapply for a period of 6 months after their membership expires.*

## Valley Points Family YMCA Financial Assistance Application

Branch:  New Kensington  Kiski Valley  Current YMCA Member?  Yes  No

Membership Type:  Adult  Family  Youth  Active Older Adult

Assistance For:  Membership  Program  Camp  Child Care / School Age CC

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Spouse / Significant Other: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Children (legal dependents 18 & under, or 21 & under if full-time student) and other household residents:

Name	Relationship:	Birthdate:	Gender:	School / College Attending:	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**MUST BE COMPLETED BY APPLICANT FOR CONSIDERATION**

Completed applications will be reviewed within 10 working days.  
 Required documentation must be provided for every line item.  
 If needed, you may be asked to submit additional information.

<u>MONTHLY GROSS</u>	Applicant	Other Residents
Salary / Wages	\$ _____ weekly _____ monthly	\$ _____ weekly _____ monthly
Pay Cycle (Circle One for each)		
Child Support	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Govt. Assist. (SSI, Disability)	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Cash Assistance	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Comments:	_____	

*I certify that all information provided on this application is complete and accurate. I understand that any false statement will result in the immediate termination of any and all assistance, which I may have received as part of this application process.*

Applicant Signature: \_\_\_\_\_

Submission Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**REQUIRED DOCUMENTATION**

- Documentation is required for each type of income listed on the application. **Do not send originals or bank statements.**
- **Salary/Wages**—Attach copies of your income tax return for the most current filing year (IRS form 1040, 1040A, etc.—include pages 1 and 2). If you are self-employed or own a business, include Schedule C. If you did not file taxes last year, submit an IRS 4506-T verification of non-filing form. To obtain this form call 1-800-829-1040. Do not press ANY buttons just stay on the line. (W-2 forms will not be accepted)
  - **Salary/Wages**—Along with the tax return, attach copies of the two(2) most recent paycheck stubs for EACH employer for all members of the household. Stubs must show gross wages and may not be dated more than 45 days from the application date.
  - **Child Support/Alimony**—Attach copies of CS determination, legal guardianship and/or foster care documents (include pages 1 and 2). Include proof of divorce decree/legal separation, if no longer married, showing alimony & child support.
  - **Government/Food Stamps/Cash Assistance**—Attach copies of all that apply: an DPW Case Profile, DPW benefit history report, a current Social Security award benefit letter, SSI Disability letter, retirement, unemployment determination and/or government subsidy.

Staff Initials: \_\_\_\_\_ Received Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For Office Use Only: Gross Annual Income: \_\_\_\_\_ Discount % \_\_\_\_\_ Processed Date: \_\_\_\_/\_\_\_\_/\_\_\_\_