



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EVERYONE'S WELCOME!

**FINANCIAL ASSISTANCE made possible by the
YMCA Annual Campaign of the Valley Points Family YMCA**

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, programs and childcare.

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 our stated fees.



ALLEGHENY VALLEY BRANCH 5021 Freeport Road, Natrona Heights, PA 15065 • 724-295-9400

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

**Visit us at
vpfymca.org!**

FINANCIAL ASSISTANCE APPLICATION

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.

Valley Points Family YMCA Financial Assistance Application

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

Membership Type: ☐ Adult ☐ Family ☐ Teen ☐ Active Older Adult

Assistance For: ☐ Membership ☐ Program ☐ Camp ☐ Early Child Care ☐ School Age Child Care

Name: _____ **Birthdate:** ____/____/____ **Gender:** ☐ M ☐ F

Address: _____ **Apt. #** _____ **City:** _____ **Zip:** _____

Phone: _____ **Employer:** _____ **Work Number:** _____

Spouse/Partner: _____ **Birthdate:** ____/____/____ **Gender:** ☐ M ☐ F

Phone: _____ **Employer:** _____ **Work Number:** _____

Children (legal dependents age 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.

MONTHLY GROSS	Applicant	Other Residents
Salary / Wages	\$ _____	\$ _____
Pay Cycle (Circle One for each)	weekly 2 weeks monthly	weekly 2 weeks monthly
Child Support	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Govt. Assist. (SSI, Disability)	\$ _____	\$ _____
SNAP	\$ _____	\$ _____
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/SNAP/Cash Assistance**—Attach copies of all that apply: a 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:** ____/____/____

INFORMATION MUST BE CURRENT!

FOR OFFICE USE ONLY: Gross Annual Income: _____

Discount % _____ Processed Date: ____/____/____