YMCA OF GREATER NEW ORLEANS
Membership Financial Assistance Application

At the YMCA of Greater New Orleans, every day, we work side by side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. The Y is, and always will be, dedicated to building healthy, confident, connected and secure people and communities.

Every year, the YMCA raises money to help provide financial assistance to children and families though our Annual Campaign. Those not able to pay the full fee for membership and programs may be awarded assistance based on their demonstrated ability to pay and the YMCA’s ability to provide funding. Because the demand for financial assistance is great, the YMCA must follow prescribed eligibility guidelines. Assistance will be awarded on a first come, first served basis, subject to available sources. **Financial assistance is intended for people with limited income and assets or in special circumstances and time of need.**

Financial assistance will be awarded based on financial need as reflected by supporting income information and this application.

**HOW TO APPLY:**

- Complete a Membership Application.
- Complete a Membership Financial Assistance Application (page 2).
- Provide a copy of your most recent year’s tax return
  - *If you are unable to provide the most recent year’s tax return, please provide previous year’s income tax return as well as a government letter verifying any assistance given including food stamps, social security, unemployment, disability, etc., court documents stating awards of child support, or verification of any additional income.*
- Provide proof of income including two current and consecutive pay stubs or a letter from employer verifying salary.
- Submit a letter stating why you are requesting financial assistance and how receiving it will benefit your family.

When you have completed the financial assistance application, your materials will be reviewed and a determination letter will be issued. The review process will take 7-10 days and you will be notified by the director as soon as review is complete. Once the award letter has been issued and you have signed and returned it, financial assistance will be applied to your membership.

**I have read and agree to comply with the YMCA OF GREATER NEW ORLEANS Financial Assistance Policies.**

Initials ____________  Date _______________
Membership Financial Assistance Application

Applicant’s Name: ____________________________ Phone #: __________________

ASSETS ASSESSMENT
To best assess the need of each Financial Assistance Applicant, we ask that you provide the information below. This helps us to evaluate each individual or family’s needs and be the best stewards of our financial resources.

Monthly Household Income: $__________________________
( Including all government assistance, child support, unemployment, disability, etc)

Vehicle(s)

Make: __________________________ Model: __________________________ Year: ______

Make: __________________________ Model: __________________________ Year: ______

Make: __________________________ Model: __________________________ Year: ______

Make: __________________________ Model: __________________________ Year: ______

Home and Property

☐ Own: current assessed value $__________________________

☐ Rent: monthly payment $__________________________

Address: _______________________________________________________________________

_______________________________________________________________________________

I certify that the above information is true and complete to the best of my knowledge. I understand that I will be contacted regarding the status of this application and the amount of the scholarship funds I am eligible to receive after my application has been reviewed by the Director.

I understand that I will be responsible for providing my most recent financial income and asset information annually or anytime it changes to verify my continued eligibility.

I understand that false or incomplete information will permanently exclude me from eligibility to receive financial assistance.

__________________________ ______________________
Signature Date

Office Use Only

All documents provided: Y / N Application Accepted: Y / N % Discount Awarded by YMCA: ________
MSR Initials: ________ Director Signature: __________________________

Award Letter Sent Date: ______________