



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## Financial Assistance Application

### THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of the Twin Tiers ensures that every individual has access to the essentials needed to learn, grow and thrive.

### EVERYONE WELCOME

The Y welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Financial Assistance Program, the YMCA of the Twin Tiers provides assistance to youth, adults and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Assistance amounts are handled in a fair and consistent manner using a sliding scale. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people and is committed to youth development, healthy living and social responsibility.

#### WHAT YOU NEED TO KNOW BEFORE APPLYING

The YMCA of the Twin Tiers believes in providing membership and program services to all who desire to participate. The Financial Assistance program, supported in part through donations to the Annual Community Support Campaign, provides membership and program services to those in need within our available resources.

- Applications without income documentation will be denied.
- Please allow up to five (5) business days for application processing.
- All documentation will be shredded upon determination of Financial Assistance award.
- Financial Assistance reduces fees; it does not eliminate them.
- Financial Assistance will be granted on a 6-month or 12-month basis depending on the situation and must be renewed prior to the expiration date.
- Delinquent payments will result in revocation of Financial Assistance award.
- Membership fees are subject to change.

#### BRADFORD YMCA

59 Boylston St.  
Bradford, PA 16701  
814-368-6101

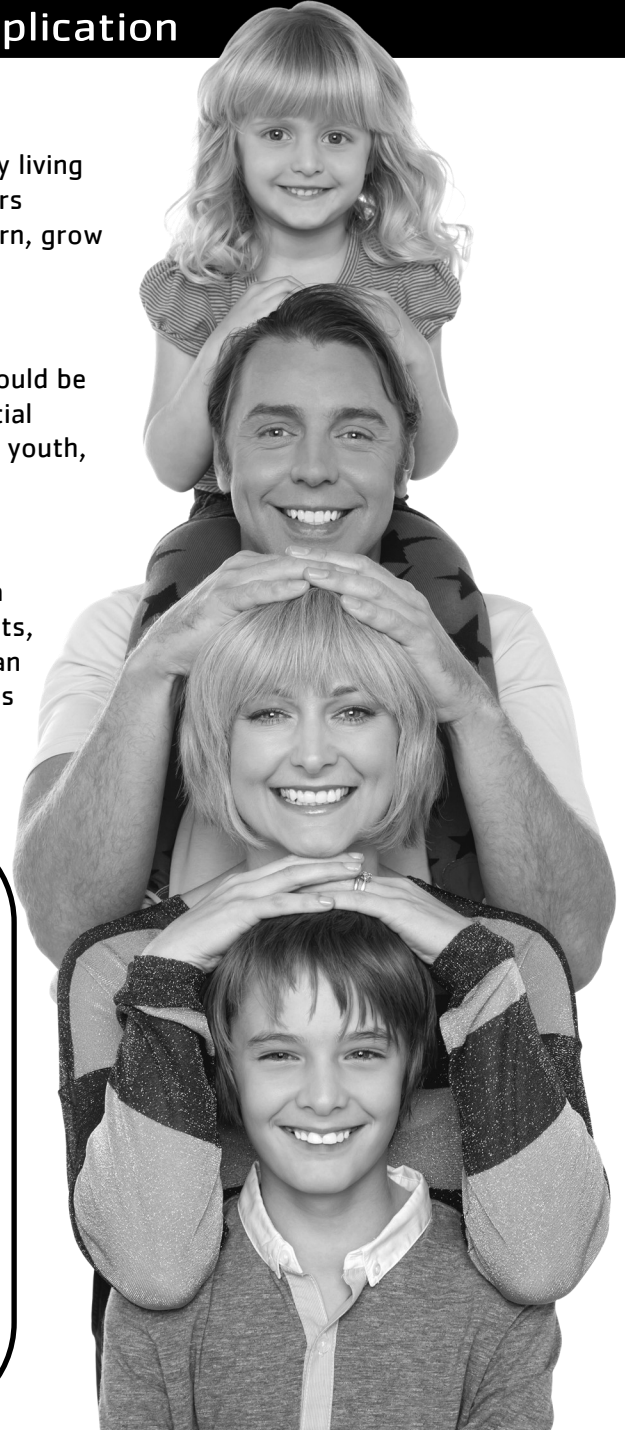
#### OLEAN YMCA

1101 Wayne St.  
Olean, NY 14760  
716-373-2400

#### WELLSVILLE YMCA

133 Bolivar Rd.  
Wellsville, NY 14895  
585-593-3246

[twintiersymca.org](http://twintiersymca.org)





**YMCA OF THE TWIN TIERS**  
**FINANCIAL ASSISTANCE APPLICATION**

Home branch applying for:

\_\_\_ Bradford YMCA

\_\_\_ Olean YMCA

\_\_\_ Wellsville YMCA

Application must be filled out completely. Please print clearly and include all required paperwork.

I am applying for: (please circle) Membership Child Care/Camp Program \_\_\_\_\_

Membership type applying for: \_\_ Student \_\_ Young Adult \_\_ Adult \_\_ Adult Couple  
 \_\_ Single Parent Family \_\_ Family \_\_ Senior \_\_ Senior Couple

**APPLICANT INFORMATION**

**ALL PERSONS LIVING IN THIS HOUSEHOLD**

Name \_\_\_\_\_

Adult \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Email \_\_\_\_\_

Adult \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Child \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Employer \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Employment Status (Full or Part Time) \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Hourly Wage \$ \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Other dependent \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

**SPOUSE OR OTHER WAGE EARNER**

Name \_\_\_\_\_ Employer \_\_\_\_\_ Employment Status (Full or Part Time) \_\_\_\_\_

Hourly wage \$ \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

TOTAL HOUSEHOLD MONTHLY INCOME	SUBMIT THE FOLLOWING DOCUMENTATION FOR CONSIDERATION
\$ _____ Household Wages	(1) 1040 Federal Tax Form for all incomes in household OR (2) Two(2) Most recent pay stubs for all incomes in household or SSI/D statement of benefits OR (3) Most recent bank statement NOTE: Documentation MUST accompany application to be considered for assistance.
\$ _____ Worker's Comp      \$ _____ Social Security	
\$ _____ Food Stamps      \$ _____ Unemployment	
\$ _____ Child Support      \$ _____ All Other Income	
<b>\$ _____ TOTAL MONTHLY INCOME</b>	

List any special circumstances that you feel should be taken into consideration during application review: \_\_\_\_\_

I certify that the information supplied herein is true, accurate, and complete to the best of my knowledge and I grant the Y permission to verify information contained herein.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_/\_\_\_/\_\_\_  
 Date

<b>FOR OFFICE USE ONLY</b>	Staff Receiving _____	Date ___/___/___	Annual Household Income \$ _____
( ) Tax Form Attached	( ) Pay Stubs or SS Statement	( ) Other income verification	<b>Level of Scholarship Approved</b> _____