



**YMCA of the Twin Tiers
FINANCIAL ASSISTANCE APPLICATION**

Financial assistance is available for families that do not meet the subsidized child care income guidelines. All applications must be submitted with paystubs (month) and/or work/class schedules. Any changes in income or schedules must be submitted with a new application. Financial assistance is only available for full time child care.

I am applying for: **Child Care Center (6 weeks-5years)** _____ **School Age (school name):** _____

APPLICANT INFORMATION:

Last Name _____ First Name _____ Home Phone _____
 Address _____ Apt # _____ City _____ State _____ Zip _____
 Email Address _____ Date of Birth _____
 Employer _____ Employment Status (full or part time) _____ Work Phone _____
 Hourly Wage \$ _____ Annual Income \$ _____ # of Dependents (all persons living in household) _____

List Names and Ages of all dependents, children and adults, living in your household (Subsidized child care income guidelines on back)

Name _____ DOB _____ Name _____ DOB _____ Name _____ DOB _____
 Name _____ DOB _____ Name _____ DOB _____ Name _____ DOB _____

SPOUSE OR OTHER WAGE EARNER INFORMATION:

Last Name _____ First Name _____
 Employer _____ Employment Status (full or part time) _____ Work Phone _____
 Hourly Wage \$ _____ Annual Income \$ _____

MONTHLY FAMILY INCOME:	MONTHLY FAMILY EXPENSES:	STAFF USE ONLY:
Household Wages:	Rent/Mortgage:	Total Monthly Income:
Worker's Comp:	Food:	Total Monthly Expenses:
Food Stamps:	Transportation:	Scholarship %:
Child Support :	Current Child Care Amount:	Scholarship rate/month:
All other Income:	Medical:	Branch approved:
Social Security/SSI:	Utilities:	Program:
Unemployment:	All Other:	Comment:
Total:	Total:	

AMOUNT I CAN PAY TOWARD THIS PROGRAM: \$ _____ (must be completed; all applicants are asked to pay their fair share)

Are you a Y Member? ___Yes ___No If no, are you interested in becoming a member: _____

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

In completing this application and signing it, 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. If any changes in income or schedules change, it is my responsibility to let the Director know of the changes.

Signature of Applicant (parent or guardian if under 18) _____ Date _____