



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

San Luis Obispo County YMCA Financial Assistance Application

We believe everyone, regardless of their financial situation, deserves access to our services and programs that help children realize their potential, people of all ages to live healthier and everyone to connect and support each other to build stronger communities we all want to live in.

Let Our Donors Help You

Thanks to the generosity of donors, we offer financial assistance for individuals and families who are not able to pay full fees for Y memberships and/or programs. Each year, our Y staff and volunteers lead our Annual Support Campaign to generate financial support with 100% of donations raised going directly to members, families and youth in need.

**The percentage of fees covered by YMCA financial assistance is determined by a sliding scale based on your total household income, number of household members and the availability of financial assistance funds.*

How To Apply for Financial Assistance

1. Complete a Financial Assistance Application form. Forms are available on our website www.sloymca.org or at any of our YMCA sites. **(One application per membership or household)**
2. You must submit (2) of the following documents with your application from each adult in the household to be considered for Financial Assistance:
 - Copy of tax return: 1040, 1040EZ or 1040A **(All earners in the household)**
 - Copy of most recent W-2(s) **(All earners in the household)**
 - Copy of 2 most recent paycheck stubs **(This is mandatory if working)**
 - Copy of 2 most recent bank statements
 - Copy of Benefit Statement (Social Security, Disability or Unemployment)
 - Copy of Government Assistance Benefits letter (i.e. CalFresh/Food Stamps benefits)
3. Submit completed application and required documentation by Email, Fax or Mail to:
 - **Email: pflores@sloymca.org Fax (805) 543-6202**
 - **Mail: 1020 Southwood Drive, San Luis Obispo, CA 93401**

Financial Assistance Agreement

It is the policy of the San Luis Obispo County YMCA to provide services within the limits of our resources to anyone who wishes to participate in our programs and understand the benefits of the Y, regardless of his/her ability to pay the standard fees. The San Luis Obispo County YMCA believes that a strong sense of ownership and pride is developed if the assistance recipient contributes to the cost of his/her Y involvement. Therefore, all applicants will be asked to pay a portion of the fees involved. The San Luis Obispo YMCA determines its awards based on the City of San Luis Obispo's report on affordable housing standards.

The statements I have given are true and correct. I have read and agree to the above conditions for the San Luis Obispo County YMCA financial assistance.

Applicant's Name Printed

Applicant's Signature

Date

Please allow 7-10 business days to process.

Financial Assistance must be confirmed prior to enrolling in Y programs.

San Luis Obispo County YMCA Financial Assistance Application

Primary Adult Applicant's Name:		Date of Birth:
Street Address:		City/Zip Code:
Best Contact Number:	Email Address:	
Employer's Name:	Employer's Address:	
Secondary Adult Applicant's Name:		Date of Birth:
Best Contact Number:	Email Address:	
Employer's Name:	Employer's Address:	
Total Number in Household: (Include all adults, youth and dependents):		Total Monthly Household Income:
Name of Child #1: Is this a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth:
Name of Child #2: Is this a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth:
Name of Child #3: Is this a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth:
Have you received YMCA Financial Assistance in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HAVE YOU APPLIED FOR OR ARE RECEIVING CCRC SUBSIDY? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Tell Us Your Story:

Why are you in need of assistance at this time? How will participating in a Y program or membership benefit you and/or your family?

FINANCIAL ASSISTANCE IS PROVIDED BY GENEROUS DONORS AND VOLUNTEERS

Would you be willing to convey a message of thanks to donors of our Annual Support Campaign? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you be willing to share your story in an effort to communicate the importance of giving to our Annual Support Campaign? <input type="checkbox"/> Yes <input type="checkbox"/> No
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For YMCA Staff to Use Only

Date Received:	Date of Award:	Percentage Awarded:	Annual Income:
Date Entered:		Date Email/Letter Sent:	Approved By:
Check Documents Received: ___ Tax Return: 1040, 1040EZ, 1040A ___ W-2(s) ___ Paycheck Stubs (two most recent) ___ Bank Statements (two most recent) ___ Benefit Statement (Social Security, Disability or Unemployment) ___ Government Assistance Benefits Letter (CalWorks, Food Stamps)			Notes: