

# FINANCIAL ASSISTANCE

## EVERYONE IS WELCOME

The Shasta Family YMCA is committed to strengthening community through programs and activities that create a healthy spirit, mind, and body for all.

The Y provides financial assistance to help make memberships and programs more accessible to individuals and families with incomes that may not be able to afford the full cost.

Financial Assistance is made possible through the generous donations to our Annual Campaign.

## COMMITTED TO OUR COMMUNITY

- Financial Assistance reduces the cost of membership and programs on a percentage basis; it does not eliminate them. Individuals who qualify will contribute toward fees to some extent.
- All applications must be completed entirely before being processed. Applications are processed within 10 business days.
- Applicants are notified via email and phone once the application is processed. To accept Financial Assistance, you must join in-person at the YMCA.
- Participants need to reapply annually. If you do not reapply by the date appointed, you will automatically be charged the current regular membership rate.
- Your membership is continuous until you provide written notice by the end of the month prior to when you want to cancel.
- If a one-month balance is accrued, you will receive a reminder to pay off that balance. If a consecutive, two-month balance is accrued without contact or attendance, your membership will be terminated and you will be at risk of no longer qualifying for Financial Assistance for three months.
- Any falsification of application information will result in removal from the Financial Assistance program.



# Shasta Family YMCA Financial Assistance Application

First, Middle, and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*\*You will be notified via email with the results of your application*

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

## I am applying for:

Single Membership  
Couple Membership  
Family Membership

Swim Lessons  
Youth Programs  
Camp/Child Care Location: \_\_\_\_\_

Complete information below for all individuals in your household, even if they will not be included on the membership:

Name (self): _____	Date Of Birth: _____	Adult	Child
Name: _____	DOB: _____ Relation: _____	Adult	Child
Name: _____	DOB: _____ Relation: _____	Adult	Child
Name: _____	DOB: _____ Relation: _____	Adult	Child
Name: _____	DOB: _____ Relation: _____	Adult	Child
Name: _____	DOB: _____ Relation: _____	Adult	Child
Name: _____	DOB: _____ Relation: _____	Adult	Child

## Monthly or Annual Gross Income for All Adults (21 years+) in Household

Wages, salaries, tips, etc. \$ _____	Social Security: SSI, SSDI, SDI \$ _____
Child/Spousal Support \$ _____	Retirement/Pension \$ _____
Unemployment \$ _____	School Financial Assistance \$ _____
CalFresh \$ _____	Savings \$ _____
HUD Assistance \$ _____	Other: _____ \$ _____

Is someone else other than someone in your household paying for your membership?  
Are there circumstances that substantially impact your income and household finances?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FOR OFFICE USE ONLY:

Income Total: \$ \_\_\_\_\_ Monthly Annual | # in Household: \_\_\_\_\_ | Does Not Qualify

Qualifies for: \_\_\_\_\_% Membership; \_\_\_\_\_% Swim Lessons; \_\_\_\_\_% Youth Programs; \_\_\_\_\_% Camps/Child Care

Comments: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_