



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, YMCA SOUTHCOAST ensures that every individual has access to the essentials needed to learn, grow, and thrive.

EVERYONE IS WELCOME

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

COMMITTED TO OUR COMMUNITY

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



financial assistance reduces membership fees; it does not eliminate them.

All new members must pay the new member fee.

All YCares assistance will be granted for six or 12 months.

The Y requests that individuals and families reapply with current information prior to the membership expiring.

Membership fees are subject to change when you reapply or when membership fees increase.

If you do not reapply at the time requested, your membership will expire.

Please contact your local Y branch with any questions.

YMCA SOUTHCOAST

18 South Water Street New Bedford MA 02740 | P 508.996.9622 | F 508.984.4631 | ymcasouthcoast.org

Dartmouth YMCA

276 Gulf Road
Dartmouth MA 02748

Gleason Family YMCA

33 Charge Pond Road
PO Box 466
Wareham MA 02571

Fall River YMCA

199 N Main Street
Fall River MA 02720

Mattapoisett YMCA

38 Reservation Road
PO Box 1067
Mattapoisett MA 02739

New Bedford YMCA

25 S Water Street
New Bedford MA 02740

Stoico/FIRSTFED YMCA

271 Sharps Lot Road
Swansea MA 02777

Financial Assistance Application

APPLICANT INFORMATION

Name _____ DOB _____

Mailing Address _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Email _____

If applicant is under 18: Parent or legal guardian's name _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed

ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

<input type="checkbox"/>	Parent/Guardian/Adult	DOB _____
<input type="checkbox"/>	Parent/Guardian/Adult	DOB _____
<input type="checkbox"/>	Child	DOB _____
<input type="checkbox"/>	Child	DOB _____
<input type="checkbox"/>	Child	DOB _____
<input type="checkbox"/>	Child	DOB _____
<input type="checkbox"/>	Child	DOB _____
<input type="checkbox"/>	Other Dependent(s)	Age(s) _____

I AM APPLYING FOR

Check category for which you applying

<input type="checkbox"/>	YOUTH up to age 11
<input type="checkbox"/>	TEEN ages 12-19
<input type="checkbox"/>	YOUNG ADULT ages 20-29
<input type="checkbox"/>	YOUNG ADULT COUPLE
<input type="checkbox"/>	ADULT ages 30-64
<input type="checkbox"/>	ADULT COUPLE ages 30-64
<input type="checkbox"/>	ONE PARENT FAMILY One adult and children 18 and any full time student 26 and under living in the same household
<input type="checkbox"/>	FAMILY Spouses and children 18 and any full time student 26 and under living in the same household
<input type="checkbox"/>	SENIOR ages 65+
<input type="checkbox"/>	SENIOR COUPLE
<input type="checkbox"/>	PROGRAM list below

TO QUALIFY FOR ASSISTANCE PROVIDE THE FOLLOWING DOCUMENTS

I FILED FEDERAL TAXES FOR LAST YEAR

1040 Federal Tax Form(s) for all incomes in household

I am an individual filing jointly. I am providing ONE 1040 form.

We filed more than ONE tax form in our household. We are providing _____ 1040 forms.

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

MY/OUR HOUSEHOLD INCOME

Documents showing the most recent 30 days of income; including pay stubs or documentation of government assistance, food stamps, and/or child support.

$$\begin{matrix} \$ \\ \text{30 DAYS INCOME} \end{matrix} \times \begin{matrix} 12 \\ \text{MONTHS} \end{matrix} =$$

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

EXPENSES

Rent/Mortgage	\$ _____
Car Payment	\$ _____
Utilities	\$ _____
Other...list	\$ _____
Other...list	\$ _____
Other...list	\$ _____
Total	\$ _____

TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I want/need a YCares Financial Assistance because:

FOR OFFICE USE ONLY MEMBERSHIP

Date Received	
Received By	
Membership Type	
Program	
Joiner Fee	
Unit Number	
% off Membership	
Amount Due \$	
Length	
Program	
% off Program	
Notified On	
Purchased by	

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Y immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

Attach all applicable financial documents and return to your Y branch Welcome Center desk.