



## Penobscot Bay YMCA Financial Assistance Program

The Penobscot Bay YMCA turns no one away because of the inability to pay the membership and program fees. If the cost of a membership and/or program fees causes you undue financial hardship, the YMCA has financial assistance available through our Ken Twaddel Scholarship Fund.

The YMCA financial assistance program benefits people of all ages including, but not limited to:

- Youth referred by schools, churches, and non-profit organizations
- Adults who are temporarily out of work
- Single parents experiencing financial hardships
- Seniors on fixed incomes
- People who are overwhelmed by medical bills
- Those facing hardships such as home fires and family tragedies

*All Y members receive the same membership and/or program benefits, regardless of whether or not they are receiving financial assistance.*

### ***How to apply for Financial Assistance***

The Penobscot Bay YMCA provides financial assistance based on:

- Income;
- Size of family; and/or
- Special circumstances (such as excessive medical expenses, unemployment, etc.)

*Note: To maximize the impact of this program, awards do not exceed 65% of the total value of the membership or program desired. An appeal process is available for special circumstances that need consideration.*

We need the following information to process your financial assistance application:  
*(All financial assistance forms will be kept confidential. The percentage granted is based on the current year's State of Maine Assistance Guidelines.)*

- ✓ Completed YMCA Financial Assistance Application Form;
- ✓ Copy of last year's Federal 1040 Tax Return;
- ✓ Copy of your four most recent pay stubs;
- ✓ Copy of Unemployment Benefits Pay Form;
- ✓ Copy of Social Security;
- ✓ Copy of Food Stamp Verification;
- ✓ Copy of Welfare / TANF;
- ✓ Other documents that may be needed to verify income

If you do not have a copy of your tax return, you may obtain one by calling the IRS. If you did not file taxes last year, or if you do not have the other documents required, please write a detailed letter explaining your circumstances.

Please allow two weeks to process your application. While you wait, we will provide a complimentary two week guest pass for you to use. We will contact you in writing once your application has been reviewed.

### ***Payment Options***

Payments are arranged using a monthly bank/credit card draft for a one year period or, if that is not possible, you may make three-month cash payments.

*Note: If payment is 30 days over due or if bank drafts are declined two consecutive times, membership may be terminated and back payment will be required to renew membership.*

### ***Financial Assistance Renewal***

Individuals receiving financial assistance must reapply annually. An updated YMCA Financial Assistance Application Form and proof of income should be submitted to the YMCA. Your fees are subject to change when you reapply.

### ***Unemployed Applicants***

Individuals who have lost employment within the last 90 days may receive a complimentary three-month membership. Appropriate documentation from the Department of Labor must be presented at the time of registration. If still unemployed after 90 days, individuals must enter into the standard financial assistance program.

## TELL US YOUR STORY

What benefits do you see in having financial assistance to join the Penobscot Bay YMCA and how can the YMCA help you and your family live a healthier, more active lifestyle?

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Does the Penobscot Bay YMCA have your permission to use your story in donor letters, online newsletters and member e-blasts? \_\_\_\_\_ YES \_\_\_\_\_ NO

The Y will only use your first name, is this ok? \_\_\_\_\_ YES \_\_\_\_\_ NO

Would you like to remain anonymous? \_\_\_\_\_ YES \_\_\_\_\_ NO

***Thank you for sharing your story!***

## Penobscot Bay YMCA Financial Assistance Application

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_

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

Have you applied for Financial Assistance at another YMCA facility? \_\_\_\_\_ If yes, where? \_\_\_\_\_ Date \_\_\_\_\_

Are you a full-time student? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Are you married? \_\_\_\_\_ Is spouse a full-time student? \_\_\_\_\_ Are you a single-parent household? \_\_\_\_\_ D.O.B. \_\_\_\_\_

Members to be included on membership:

First Name	Last Name	Relationship (spouse, child, etc.)	D.O.B.	Check if claimed on Form 1040 as a Dependent

Are you interested in serving as a Volunteer? \_\_\_\_\_ If yes, what are you interested in doing: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Employer \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_

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

Position \_\_\_\_\_ Length of employment \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Gross Monthly Income \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_

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

Position \_\_\_\_\_ Length of employment \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Gross Monthly Income \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

**APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY.**

**INCOME / EXPENSES WORKSHEET**

**MONTHLY INCOME:**

Gross Monthly Income (before taxes) \$ \_\_\_\_\_

Spouse's Gross Monthly Income (before taxes) \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_

Subsidized Housing \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Aid to Dependent Children \$ \_\_\_\_\_

Social Security Compensation \$ \_\_\_\_\_

Unemployment Compensation \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_

Welfare \$ \_\_\_\_\_

401 K/ Retirement Funds \$ \_\_\_\_\_

Other (Please explain) \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MONTHLY EXPENSES:**

Rent / Mortgage \$ \_\_\_\_\_

Car / Insurance \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_

Groceries \$ \_\_\_\_\_

Loans / Credit Card Debt \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Other (Please explain) \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL MONTHLY INCOME** (Household) \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

**TOTAL ANNUAL INCOME** (Household) \$ \_\_\_\_\_

Do you share expenses with anyone else in your household? \_\_\_\_\_ Total number in household \_\_\_\_\_

Are there extenuating circumstances that you would like to share (i.e., excessive medical expenses, unemployment, etc.)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I am requesting assistance from the YMCA due to my personal circumstances and verify that all the information submitted is correct, complete, and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA of a change within 30 days, I may be terminated from the financial assistance program.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Reduced Rate Percentage	<input type="checkbox"/> Membership	Fee (Monthly or Registration)	Date Approved:	Membership Type
	<input type="checkbox"/> Program			

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

