

HOW TO OBTAIN FINANCIAL ASSISTANCE

- Complete this application form & return it with proof of income to any of our three branches in Foxboro, Franklin or N. Attleboro.
- All information is kept strictly confidential.
- Please allow 2-3 weeks for processing. Applications are processed in the order received. Incomplete applications will be returned for the missing information.

FINANCIAL ASSISTANCE CHECK LIST

All documentation requested below is required to process this financial aid form.

- A completed financial assistance form.
- A complete copy of your current filed Federal Income Tax Return.
- Copies of your last 2 bank statements.
- Copies of your most recent 4 consecutive pay stubs from each family income earner for each job.
- Verification of aid from federal, state, or local agencies (WIC, RRP, SSDI, SSI, TAFDC, EAEDC, AFDC, Housing, SNAP).

Visit us online: hockymca.org

BERNON FAMILY BRANCH

508.528.8708

INVENSYS FOXBORO BRANCH/YMCA ARTS CTR

508.543.2523

NORTH ATTLEBORO BRANCH

508.695.7001



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ABOUT THE ASSISTANCE PROGRAM

- ◆ The Hockomock Area YMCA seeks to give assistance for anyone who wishes to participate, regardless of ability to pay membership or program fees. Those not able to pay the full fee may receive assistance based on their ability to pay.
- ◆ Assistance is available for membership, most programs, and childcare services. Parents must be working in order to be considered for childcare and more than 2 weeks of summer camp.
- ◆ It is unusual that 100% of the fee is provided. While our Y is a not-for-profit organization, we depend on participant fees to help maintain our services. Participants pay fees based on their financial ability.
- ◆ Our Financial Assistance Program is funded through gifts to our annual campaign known as the **Reach Out for Youth & Families Campaign (ROFY)** as well as funding from the United Way.
- ◆ Financial assistance is provided for a specific time period. When that time expires, if help is still needed, you may re-apply for assistance.



A Partnership of United Way and MAIRS

24 hours a day / 7 days a week

FREE ★ Confidential ★ Multilingual/TTY

Mass 2-1-1 helps you find free information on:

- ★ Food
- ★ Shelter
- ★ Rent assistance
- ★ Utility bill assistance
- ★ After-school programs
- ★ Child care
- ★ Counseling
- ★ Senior services
- ★ Disaster relief
- ★ Much more!



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EVERYONE BELONGS

FINANCIAL ASSISTANCE PROGRAM



Practical assistance for:

- Families or adults who are temporarily unemployed, overwhelmed by medical bills or are experiencing other temporary financial difficulties.
- Deserving youth in need who want to participate in YMCA programs.
- Youth and families on limited incomes, referred by schools, churches or agencies.



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FINANCIAL ASSISTANCE PROGRAM APPLICATION

All questions must be answered completely. (Please print clearly)

Primary Branch: () Bernon Family Branch in Franklin () Invenstys Foxboro/YMCA Arts Center () North Attleboro

Name of Participant _____
Participant's Date of Birth _____

Please give us a short explanation of why you need financial assistance. Attach a separate piece of paper if needed.

Applicant: _____
 Address _____
 City _____
 State _____ Zip _____
 Email _____
 Day Phone # _____

Type of Membership Requesting:

- | | | | |
|------------------------------|-----------------------|---|----------------|
| () Youth (12 & Under) | () Teen (13-17) | Are you applying for Camp? | () Yes () No |
| () Young Adult (18-22) | () Adult (23-61) | Are you applying for Childcare? | () Yes () No |
| () Couple | () Sr. Citizen (62+) | Have you previously applied for assistance? | () Yes () No |
| () Single Parent | () Family | Are you currently a YMCA member? | () Yes () No |
| () Sr. Citizen Couple (62+) | | Would you be willing to volunteer? | () Yes () No |
| | | Could we share your story? | () Yes () No |

Household Members: # people living in household: [] Please list all household members below:

Name: _____	Relation: _____	Birth Date: _____
Name: _____	Relation: _____	Birth Date: _____
Name: _____	Relation: _____	Birth Date: _____
Name: _____	Relation: _____	Birth Date: _____
Name: _____	Relation: _____	Birth Date: _____

Income Information:

Applicant's Employer _____ Hours Per Week _____ Gross Monthly Earnings \$ _____
 () Full Time () Part Time
 Spouse/Significant Other's Employer _____ Hours Per Week _____ Gross Monthly Earnings \$ _____
 () Full Time () Part Time

If you receive or have applied for any of the following income sources, please fill in the monthly amounts:
 Child Support \$ _____ Alimony \$ _____ Social Security \$ _____ Food Stamps \$ _____
 Transitional Assistance \$ _____ Other Income from you & household members \$ _____
 Monthly Gross Income From All Sources \$ _____

List principal monthly expenses and extraordinary expenses in the space below:

Mortgage / Rent \$ _____	Oil / Gas (Heat) \$ _____	Car Insurance \$ _____	Childcare \$ _____
Real Estate Taxes \$ _____	Electric \$ _____	Car Loan \$ _____	Student Loan \$ _____
Home Owner's Ins \$ _____	Phone &/or Cell \$ _____	Gas / Mileage \$ _____	Tuition \$ _____
Water / Sewer \$ _____	Cable / Internet \$ _____	Groceries \$ _____	Medical \$ _____
Other \$ _____			

I understand that this financial aid (if approved) is short term & I must re-apply for future financial aid. I certify that the information on this form is accurate. I agree to pay the amount determined by the YMCA on a timely basis & realize that failure to do so may result in a loss of services.

Applicant's Signature: _____ **Date:** _____
 If you are completing this form for the applicant: Your Name: _____ Phone: _____ Relation _____