Applications for financial assistance will be reviewed to determine the financial need of the applicant to participate in the desired program. Those not able to pay the fee may be awarded financial assistance based on their demonstrated ability to pay and the availability of YMCA’s financial assistance.

**Eligibility:**

1. Applicants must work or reside within the YMCA branch service area.
2. Applicant must submit supporting documentation to verify household size and income.
3. The objective criteria for qualifying applicants are set forth within the Financial Assistance Policy (available by request).

All information collected will be kept confidential and is for reporting purposes only. Applications will take a minimum of (5) five working days after receiving completed materials from the applicant. Approved Financial Assistance are non-transferable between Health & Wellness Fitness Facilities and Child Care Centers. It is the applicant’s responsibility to notify the YMCA of Orange County within five calendar days of any changes in family income or family size. Failure to report changes will result in immediate termination of Financial Assistance. YMCA of Orange County Programs shall be available to all, regardless of age, sex, and ethnic origin.
FINANCIAL ASSISTANCE APPLICATION
YMCA OF ORANGE COUNTY • YMCA OF RIVERSIDE COUNTY • YMCA OF EAST SAN GABRIEL VALLEY • YMCA OF POMONA VALLEY

APPLICANT INFORMATION

☐ New Application ☐ Renewal

Member/Guardian Name

Employer

DOB  ☐ M ☐ F  Gender  Race*

Address

City  State  Zip Code

Home/Cell #  Email

Interested in volunteering? ☐ Yes ☐ No

Female Head of Household? ☐ Yes ☐ No

Member/Spouse Name

Employer

DOB  ☐ M ☐ F  Gender  Race*

Interested in volunteering? ☐ Yes ☐ No

ALL PERSONS IN THE HOUSEHOLD

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Gender</th>
<th>Relationship to Member</th>
<th>Race*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M/F</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Race Categories: White, Hispanic, Latino, Black/African American, Asian, American Indian, Alaska Native, Middle Eastern, North African, Native Hawaiian, Pacific Islander, Other. This data is collected for reporting purposes only.

THIS APPLICATION IS FOR...

Check all that may apply.

Membership

☐ Adult
☐ Couple
☐ Family
☐ Adult Plus
☐ Student

Programs

☐ Sports
☐ Aquatics
☐ Group Lessons ☐ Swim Team
☐ Adventure Guides
☐ Child Care
☐ Inclusion
☐ Resident Camp
☐ New Horizons

Which YMCA location are you applying for?

________________________________________________________________________

FINANCIAL INFORMATION

The following documents must be attached and are required to determine eligibility

- 3 most recent paystubs for each household member over 18 who is currently employed
- Unemployment statements for each household member over 18 who is currently receiving benefits
- Child Support or Alimony for each household member over 18 as applicable
- SSI or Disability Statements for each household member over 18 who is currently receiving benefits
- Other ________

How much can you afford per month? ________

Failure to disclose any income verification may result in denial or delay of your application.

THIS SECTION FOR NEW HORIZONS ONLY

Person Applying:

☐ Lives in a Group Home ☐ Works
☐ Lives in Independent Housing ☐ Receives SSI
☐ Is Being Claimed by Parent/Caregiver (when filing taxes)

Funds are awarded for a maximum of one year, after which time it is the member’s responsibility to reapply. After expiration date, you will be charged in full unless application is renewed.
Please Tell Us More!

Please share with us how you see having this Financial Assistance to join the YMCA will benefit you and your family. Please take this opportunity to include any additional information or circumstances of why you are in need of assistance at this time.

Name ___________________________ Phone __________________ Email __________________

I understand that the YMCA Financial Assistance Program is designed to assist the youth, adults and families who would otherwise be unable to participate or who have a particular need for YMCA programs. I understand it is my responsibility to notify the YMCA of Orange County within five calendar days of any changes in family income, family size or ability to pay. Failure to report changes will result in immediate termination of Financial Assistance. I understand that YMCA of Orange County Financial Assistance and amount awarded are subject to review at any time. I am aware that assistance funds are awarded for a maximum of one year, after which time it is my responsibility to reapply. All information is subject to verification.

Signature _______________________ Date __________________

Our Mission
To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Our Vision
To improve lives and strengthen character through youth development, healthy living and social responsibility driven by passionate staff and volunteers.

Our Values
Caring, Honesty, Respect, and Responsibility – Our values are celebrated by staff and members and provide a positive foundation for all Y programs and a healthy connection with others.

Our Cause
Strengthening the foundation of communities.

Our Commitment
The Y is a nonprofit charity that serves the entire community. Donations support our scholarship program and our commitment to keep programs open for all.

YMCA OF ORANGE COUNTY ymcaoc.org
YMCA OF RIVERSIDE COUNTY ymcarc.org
YMCA OF EAST SAN GABRIEL VALLEY ymcasgv.org
YMCA OF POMONA VALLEY ymcapv.org