

(Continued from Other Side)

Federal Income Tax Status  Single  Joint  Other

Employment Status, First Adult:  Full Time  Part Time  Unemployed  Student (please provide class schedule)

Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_

Employment Status, Second Adult:  Full Time  Part Time  Unemployed  Student (please provide class schedule)

Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_

Income (gross monthly household income): Please list household members and type of income (employment, worker's compensation, retirement, unemployment, SSI, disability, etc). Verification of income for one month is required.

Name	Type of Income	Gross Monthly Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Extenuating Circumstances: Please describe any extraordinary challenges that affect the household finances. Examples include medical bills, recent changes in employment, education expenses (less financial aid), etc. Please attach additional information and supporting documentation.

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

**Applicant Signed Statement:** I declare that the statements above are true and complete to the best of my knowledge. I understand any misrepresentation on my part may disqualify me from receiving Financial Aid from the YMCA. I hereby authorize verification of information given, and I agree to provide all requested information needed to evaluate my need for Financial Assistance. I understand a review of my financial situation and circumstances will be periodically conducted at the request of the YMCA to verify my continuing need for assistance, and that my membership or assistance may be terminated if requested information is not submitted.

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

**Application Checklist:** Please read and initial each statement to prevent delays in processing your application.

- I have provided all requested information that applies to me and my household members.
- I have provided verification of income for all household members, including one month of recent pay stubs and a copy of my most recent 1040 tax form.
- If I am a single parent, I have provided verification of recent child support payments or verification that I do not receive child support.
- I have provided supporting documentation for the extenuating circumstances described above.
- I understand this application will be voided 15 days after the review is completed if I do not activate a membership or enroll in a program with the YMCA.
- I understand any Financial Assistance received based on this application, will only apply to the programs I indicated on the front page.



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**TORRANCE-SOUTH BAY YMCA**  
2900 W. Sepulveda Blvd.  
Torrance, CA 90505

Membership

Child Care

Summer Day Camp

Summer Resident Camp

Aquatics / Swim Lessons

Youth Sports

Adventure Guides  
(Parent Child Programs)

**EVERYONE  
IS WELCOME**  
YMCA Financial Assistance



[www.ymcala.org/tsb](http://www.ymcala.org/tsb)

# THE Y IS FOR EVERYONE

## OUR PURPOSE

The YMCA has served kids, families and adults throughout the Torrance-South Bay area for over 70 years. We are committed to providing access to programs and a balanced life to all people in our community.

## EVERYONE IS WELCOME

The YMCA welcomes women, men, girls and boys of all ages, races, ethnicities, religions, abilities, and financial circumstances. We embrace diversity and strive to develop programs that meet the needs of our community.

## FINANCIAL ASSISTANCE

Based on established guidelines and to the extent possible, the YMCA provides Financial Assistance to anyone desiring to participate in YMCA programs. While we are committed to serving everyone, members are expected to pay a fee based on their financial ability. We depend on membership and program fees, volunteers, and donations to support our services.

## COMMUNITY SUPPORT CAMPAIGN

Each year, our Annual Support Campaign receives donations in support of our YMCA's Financial Assistance Program. Thanks to those donations, Financial Assistance reaches over 1,500 people in all areas of the Y, ensuring that everyone, regardless of financial circumstances, enjoys the full benefits of the YMCA.

## ELIGIBILITY

Anyone is eligible to apply for Financial Assistance. Awards are based on a sliding scale that considers household size and income. For childcare and day camp programs, financial assistance is reserved for children whose parents are working or attending school outside of the home during our program hours.



# FREQUENTLY ASKED QUESTIONS

## 1. How do I apply for Financial Assistance?

- Complete the attached Financial Assistance application.
- Submit copies of one month of pay stubs and/or proof of public assistance for all adults in the household. \*If you attend school instead of work, we need a copy of your current school schedule.
- Submit a copy of your most recent 1040 tax form.
- Sign and initial the application where indicated.
- Return the completed application with all requested documentation to the YMCA.

## 2. How quickly can I expect to know the results of my application?

- For child care and camp programs - Within one week of submitting your completed application with all requested documentation, YMCA staff will notify you of the results.
- For membership - your application can be approved and you can start right away!

## 3. How is a household identified?

- For purposes of a YMCA membership or child care enrollment, a household is one or two adults living together with their dependent(s).
- A maximum of two adults will be considered for Financial Assistance unless other adults within the household qualify as dependents on either of the primary adults' federal tax return.

## 4. How long will Financial Assistance continue?

- Financial Assistance is granted for a defined time period, normally one enrollment year. At least 30 days prior to the Financial Assistance expiration date, recipients are notified about the need to submit updated information and documentation for review and renewal. Failure to respond to a renewal notice and complete a review will result in a cancellation of facility membership and/or child care rates returning to full fee.

# FINANCIAL ASSISTANCE APPLICATION FORM

TORRANCE-SOUTH BAY YMCA

Based on established guidelines and to the extent resources allow, the YMCA will provide Financial Assistance to anyone desiring to participate in our programs. While the YMCA is committed to serving everyone, members are expected to pay a fee based on their financial ability. The YMCA depends on membership and program fees, as well as donations and volunteers, to support its services.

For Office Use Only

Received

Reviewed

Notified

FA %

Join \$

Member \$

## CONFIDENTIAL FINANCIAL ASSISTANCE INFORMATION

For which program(s) would you like Financial Assistance (membership, child care, swimming lessons, etc)?

Anticipated length of requested assistance? \_\_\_\_\_ For:  child care  day camp only  
Are you applying for SUMMER ONLY?  Yes  No

### PERSONAL INFO:

Status: Single Married Widowed

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business / Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Spouse's Name or other adult contributing to household (\*) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business / Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**Household Members:** For purposes of a YMCA membership or child care enrollment, a household is one or two adults living together with their dependent(s). A maximum of two adults will be considered for Financial Assistance unless other adults within the household qualify as dependents on either of the primary adults' federal tax return. Please check the box next to the name of people for which you wish to receive Financial Assistance.

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  Male  Female

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  Male  Female

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  Male  Female

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  Male  Female

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  Male  Female

(Please complete other side)