



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BELONGING BEGINS WITH US

## RECESS Financial Assistance Request YMCA OF GREENVILLE

The YMCA of Greenville is committed to providing facility and program access to all, regardless of ability to pay. The Y is able to fulfill this pledge because of the support of our partners and annual campaign donors.

**Required Documentation:** Please provide copies of ALL APPLICABLE supporting documents listed below along with your completed request form before you submit for processing. Incomplete information/documentation, may delay processing.

- Pay stubs for employment                       Proof of Social Security/Disability income

OR

- Most RECENT month's Bank Statement, with monthly income notated

### Applicant Information

First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Address \_\_\_\_\_

Employment Status    Unemployed    Temporary/Seasonal    PRN/As Needed    Part-Time    Full-Time

Have you or anyone in your household previously applied for YMCA Financial Assistance?    Yes    No

Are you currently an active YMCA member?    Yes    No   If yes, at which branch? \_\_\_\_\_

### Legal Parents/Guardian Information (must live in the household)

First & Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

First & Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

### Financial Assistance also needed for (select all that are necessary at this time)

- RECESS Program                       Membership

### Applicant Income (List all MONTHLY income sources.)

INCOME	
Your Monthly Income	\$
SSI/Disability/Survivor benefits	\$
SNAP/TANF/FI benefits	\$
Other (please explain below)	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

EXPENSES	
Rent/Mortgage	\$
Utilities, Food, Medical, etc.	\$
Phone/Cable/Internet, etc.	\$
Other (please explain below)	\$
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

To better evaluate your current need; please briefly share any additional information or extenuating circumstances that can assist us in understanding your current financial situation. Also, please let us know why you feel your household would benefit or continue benefitting from YMCA programs and/or membership:

**RELEASE FORM**

I certify the above information to be true. I understand that if any information is found to be false, my membership may be subject to termination and result in disqualification from participating in the financial assistance program.

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA participation. I understand I will be asked to pay a portion of the fees through a monetary commitment and that failure to complete my financial commitment may prohibit me from requesting again until those fees are paid.

I understand that RECESS financial assistance is awarded for the 2021 Calendar Year, at which point, my membership and/or program assistance will expire at the end of 2021, unless I have notified the YMCA to continue my membership and/or programs at the normal monthly rate. If my financial circumstances change or reach a level where I no longer require assistance, I agree to notify the YMCA so that others in need may avail themselves of assistance.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR OFFICE USE ONLY**

DAXKO UNIT # \_\_\_\_\_

DATE FORM RCV'D \_\_\_\_\_

RECESS PGM FA AWARDED \_\_\_\_\_ %

MONTHLY MBRSHIP RATE \$ \_\_\_\_\_

INITIALS OF APPROVING BPS \_\_\_\_\_

APPLICANT PROVIDED REQUIRED DOCS  Yes  No

EMAILED  FAXED  SCANNED Branch \_\_\_\_\_

RECESS PGM FA AWARDED \_\_\_\_\_ %

FA APPROVAL DATE \_\_\_\_\_

FA EXPIRATION DATE \_\_\_\_\_