



THE YMCA IS *FOR ALL*

Financial Assistance Program

Thanks to the caring support of individuals and businesses that donate to our Strong Kids Campaign, we are able to provide income-based rates on membership and programs. The YMCA of El Paso membership and programs are designed to benefit persons of all backgrounds, and fees are based on the cost of providing each program. While participants are expected to pay their fair share, the YMCA will assist any individual or family that wants to participate but cannot afford the fee, as long as funds are available.

How to Apply:

1. Bring the 1040 from your most recent federal tax return to the Welcome Center.
2. The Welcome Center staff will inform you of the reduced rate based on your income.

If you need further financial assistance, follow the steps below:

1. Fill out the Financial Assistance (FA) Application on the reverse of this page.
2. Attach the following additional documentation to this form:
 - Form 1040 from your most recent federal tax return and (if applicable) 3 most recent pay stubs or bank statements of all other earners in your household
 - Proof of other income (award letters for government assistance, child support, unemployment)
 - Proof of all dependents
 - Additional documentation may be requested.
3. Return the completed application and the above materials to the Welcome Center.

Allow up to 5 business days for your application to be processed, after which you will be notified of the status of your application by phone or email. If assistance is awarded, you will be given details of the rate, start date, and end date of your assistance. Please direct any questions to the Membership or Program Director at the branch where you applied.

*****Incomplete Applications - this includes missing documentation - will not be processed.*****

Financial Assistance (FA) is Temporary

The YMCA of El Paso recognizes that from time to time, people need some financial help. FA rates given will be specific to each program and are good for 1 year. Financial Assistance does not automatically renew. After submission of a new FA Application and updated financial information, a rate for each program you are applying for will be given.



Applicant Information

Last Name:	First Name:	Date of Birth: / /
Address:	Apt. #	City, State: Zip:
Home Phone: () -	Cell Phone: () -	Email:
Employer:	Full-Time or Part-Time	Work Phone: () -
Hourly Wage: \$	Annual Income: \$	# of Dependents in Household

Spouse or Other Wage Earner Information

Last Name:	First Name:	Best Contact Phone: () -
Employer:	Full-Time or Part-Time	Work Phone: () -
Hourly Wage: \$	Annual Income: \$	# of Dependents in Household

Names and Ages of All Dependent Children and Adults Living in Your Household

Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

	MONTHLY FAMILY INCOME		MONTHLY FAMILY INCOME
Household Wages		Rent/Mortgage	
Food Stamps		Food	
Child Support		Transportation	
Social Security or SSI		Child Care	
Unemployment		Utilities	
Worker's Compensation		Medical	
All Other Income		All Other (Credit/School Debt)	
TOTAL:		TOTAL:	

Amount I can pay toward this program \$ _____ *Must be completed. All participants are asked to pay their fair share.*

Why do you want to participate in the YMCA membership and/or programs?

List any special circumstances that you feel should be into consideration during review of this application:

Signature of Applicant (Parent or Guardian if under 18): _____
 Date Application Submitted: ____/____/____

****Application will not be considered complete without all of the above information filled in, documentation attached, and your signature and date.****

FOR YMCA OFFICE USE ONLY	Reviewed By:	Approved By:	Date Contacted: / /
Program	Program Name(s):	Expiration: / /	Assistance: \$
Membership	Type and Rate:	Join Fee: \$	Assistance: \$
Camp	Camp Weeks:	Registration Fee: \$	Assistance: \$