



SARATOGA REGIONAL YMCA
Where Charity Meets Opportunity

SARATOGA REGIONAL YMCA • FINANCIAL ASSISTANCE APPLICATION

EVERYONE IS WELCOME

The Saratoga Regional YMCA believes no one should be denied membership or program participation solely because of the inability to pay. Through our Financial Assistance program, we believe in providing membership and program services to all.

SARATOGA REGIONAL YMCA'S FINANCIAL ASSISTANCE APPLICATION

ELIGIBILITY

Anyone living or working within the SRYMCA service area with annual household income plus cash reflected on current bank statements adding to less than 300% of the Federal Poverty Level as defined by the US Department of Health and Human Services is eligible.

Homeless individuals are automatically eligible for financial assistance.

GUIDELINES

Financial assistance can be granted for programs and/or for up to 6 months of membership. Applicants must re-apply if they need ongoing assistance.

Financial assistance for child care and summer camp are awarded based on the needs of working parents. Child care assistance is limited to 50% of the program cost. SRYMCA assistance is secondary to assistance that can be secured through the Department of Social Services.

Household income refers to income before deductions. Total household income is income from all members of a household from the following sources: wages, unemployment, workers compensation, veterans benefits, social security income (SSI), disability insurance, public assistance, alimony, foster care benefits and other cash income that would be considered "taxable income" by the federal government.

Household size refers to the number of individuals who legally reside with the applicant. Applicants who are denied may appeal the decision by sending a letter to the SRYMCA CFO: Chief Financial Officer, Saratoga Regional YMCA, 290 West Ave., Saratoga Springs, NY 12866. The appeal letter should state the case as to why the applicant feels they were unfairly denied financial assistance. All appeals will be reviewed and responded to within 30 days of receipt.

METHOD OF APPLYING

Applicants must complete the entire application, answering all questions fully and provide proof of income for all household members. Examples of proof would be recent paystubs, copies of filed federal income tax returns, Unemployment, SSI, Disability or Worker Comp benefit statements. **Incomplete applications will be returned to the applicant and will delay an award.**

Applications can be returned to Saratoga Regional YMCA by mail to: Financial Assistance Office, SRYMCA, 290 West Ave., Saratoga Springs, NY 12866; by email to: jenny.killian@srymca.org; or by fax to 518-581-7598 attn: Financial Assistance; or by dropping at the Member Service Desk of any SRYMCA branch.

Applications can take up to 14 days to be evaluated, and applicants are notified in writing of the determination.

Awards can be activated up to 60 days after receiving notification. A copy of the letter must be presented at the SRYMCA Member Service Desk to apply the financial assistance to membership or program fees.

Individuals may be required to pay full price for SRYMCA membership or programs until a financial assistance application is processed and the award is activated.

SARATOGA REGIONAL YMCA'S FINANCIAL ASSISTANCE APPLICATION

PLEASE PRINT CLEARLY AND COMPLETE BOTH PAGES OF THE APPLICATION. THANK YOU.

Branch applying for: All Branches___ Corinth Branch___ Battenkill Branch___

Please fill out the following information and attach photocopies of the necessary documents.

Applications can be returned to Saratoga Regional YMCA by mail to: Financial Assistance Office, SRYMCA, 290 West Ave., Saratoga Springs, NY 12866; by email to: jenny.killian@srymca.org; or by fax to 518-581-7598 attn: Financial Assistance; or by dropping at the Member Service Desk of any SRYMCA branch.

HEAD OF HOUSEHOLD INFORMATION:

Last Name	First Name	Email Address	
Street Address		Employer	
City	State	Zip	Work Phone
Home Phone	Date of Birth	Occupation	How Long

TOTAL NUMBER OF PERSONS RESIDING IN HOUSEHOLD:

- A. Total Number of Children _____
B. Total Number of Adults _____
C. Total Persons in Household _____ (A + B)

MARITAL STATUS OF PRIMARY ADULT:

___ Single ___ Married (living w/spouse) ___ Married (spouse absent)
___ Divorced ___ Legally Separated ___ Widowed

SPOUSE OR CONTRIBUTING ADULT:

Name _____ Age _____
Living in the same household ___ Yes ___ No Occupation _____
Name of Employer _____

Child(s) Name(s)	Age	School	Birth Date

OTHER INDIVIDUALS LIVING IN THE SAME HOUSEHOLD (ROOMMATES, RELATIVES)

Name _____ Age _____ Relationship _____

ARE YOU A CURRENT MEMBER OF THE SARATOGA REGIONAL YMCA? _____

APPLICATION FOR FINANCIAL ASSISTANCE IS FOR: _____

(Names of Family Members)

*Please remember to fill out the back of this application as well, before mailing/handing it in.

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Membership Program (List _____) Child Care* Other (Please List)_____

* If application is for child care or camp program, you must first contact Department of Social Services Child Care Assistance to determine eligibility. Please contact Saratoga County DSS Child Care at 884-4283 or 4280.

MONTHLY ITEMIZED INCOME

Wages, salaries & tips	\$ _____
Unemployment compensation	\$ _____
Social Security Benefits	\$ _____
Child Support/Foster Care Income	\$ _____
State Subsidized Funding	\$ _____
Disability	\$ _____
Retirement/Pensions	\$ _____
Alimony	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____

Proof of income must be furnished, without this your application WILL NOT be processed. If you are a full-time student, please attach proof of enrollment.

WHAT SHOULD WE KNOW ABOUT YOUR CIRCUMSTANCES AS WE CONSIDER YOUR REQUEST? _____

MAY THE FINANCIAL ASSISTANCE DEPARTMENT CONTACT YOU ON HOW YOUR FINANCIAL ASSISTANCE HAS MADE A DIFFERENCE IN YOUR LIFE? YES NO

Are you or any family members listed on this membership registered as a Sex Offender at any level in any State? _____

I hereby declare that the information provided is accurate and agree to supply additional information if requested. I understand that falsification of information submitted will result in discontinuation of services provided and could require repayment of full fees. I authorize the Saratoga Regional YMCA to verify the above information. All information provided herein will be kept confidential.

Signature of Applicant

Date