



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE APPLICATION

Applicant Information: All fields required

Primary Adult Name: _____ Date of Birth: ____/____/____

Secondary Adult Name: _____ Date of Birth: ____/____/____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Email Address: _____ Number of People in Household: _____

Assistance Requested: Please check all that apply

- Adult Membership Senior Couple Membership Aquatics
- Couple Membership Young Adult Membership Camp*
- Family Membership Youth Membership Childcare/Preschool*
- Household Membership Adaptive Programs Youth Sports
- Senior Membership After School* Other: _____

*If you are enrolling in a licensed childcare program (After School, Camp Imagination, Learning Center Preschool, and Development Center Preschool), you will be asked to apply for a Best Beginnings Scholarship before applying for Y Financial Assistance.

Financial assistance automatically expires after 6 months for programs and after 12 months for membership. You will be charged the full program or membership rate after this time.

I understand that this application will be reviewed by our Financial Assistance Representative and will take up to 10 days to process. I further understand that I am responsible for notifying the Missoula Family YMCA of any changes in my financial status and will provide current documentation for proof of all income sources. I understand that the Y reserves the right to deny assistance based on incomplete applications and/or based on sufficient subsidy/income.

Applicant Signature: _____ Date: ____/____/____

Office Use Only:

Date Received: ____/____/____	Pending Notification:	_____ Over guidelines (Program)
Received By: _____	By: _____ Date: ____/____/____	_____ Approved (Program)
SVO Check: _____	Approval Notification:	Ex. Date: ____/____/____
Notes:	By: _____ Date: ____/____/____	Program: _____
	Documented Total: \$ _____	Percent: _____
	_____ Over guidelines (Membership)	Additional Notes:
	_____ Plan (Membership)	
	Amt/Mo: _____ Join Fee: _____	
Reviewed By: _____	Ex. Date: ____/____/____	

ELIGIBILITY INFORMATION

Please include all necessary documentation. Incomplete applications will not be accepted.

1

Did anyone in your household file taxes for the previous year?

- Yes Please provide a copy of your Federal Tax Form 1040.
 No Move to question 2.

2

Is the primary adult in your household... (check all that apply)

- Employed—Please provide two pay stubs for the most recent month.
 Self-employed—Please provide a Profit & Loss Section C Statement for the previous 2 years.
 Unemployed and receiving benefits. Please provide unemployment check stub or benefit approval letter.
 Unemployed and **NOT** receiving benefits.
 Retired and receiving pension. Please provide documentation of pension
 Retired and **NOT** receiving pension.

Is the **secondary** adult in your household...

- Employed—Please provide two pay stubs for the most recent month.
 Self-employed—Please provide a Profit & Loss Section C Statement for the previous 2 years.
 Unemployed and receiving benefits. Please provide unemployment check stub or benefit approval letter.
 Unemployed and **NOT** receiving benefits.
 Retired and receiving pension. Please provide documentation of pension
 Retired and **NOT** receiving pension.

3

Does anyone in your household receive...

Check all that apply. Please provide the benefit letter declaring monthly income for each recipient for each benefit.

- SNAP \$_____/month
 Social Security \$_____/month
 Social Security Disability \$_____/month
 TANF \$_____/month
 Unemployment benefits \$_____/month
 Workman's Compensation \$_____/month
 None

Total household monthly benefit amount: \$_____

4

Does anyone in your household **receive**...

Check all that apply. Please provide documentation for each item that you check.

- Child Support \$_____/month
 Alimony \$_____/month
 None

Total household monthly amount: \$_____

Please continue on the back side of this form.

ELIGIBILITY INFORMATION (continued)

5

Does anyone in your household receive subsidized housing?

Yes Please provide documentation of Section 8 status showing how much you pay and how much they pay.

No Move to question 6.

Total household monthly amount: \$ _____

6

Does anyone in your household receive LIEAP/utility reimbursement payment?

Yes Please provide documentation.

No Move to question 7.

Total household monthly amount: \$ _____

7

Is anyone in your household a college student?

Yes Please provide your account summary by term for the last two years. UM students can find their account summaries in CyberBear.

No Move to question 8.

Total household annual amount: \$ _____

8

Does your household have any other forms of income or assistance, including family gifts, inheritances, trust funds, annuities, dividends, etc.?

Yes Please provide documentation for each additional form of income or assistance.

No

9

Please use the space below to share why you are applying for financial assistance.

Reminder: Applications with missing forms or documentation will be considered incomplete. Please return completed forms and all necessary documentation to the Welcome Center.

FREQUENTLY ASKED QUESTIONS

Financial Assistance Program

What is the mission of the Missoula Family YMCA?

Our mission is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all. Each day we work side-by-side with our neighbors to ensure that everyone— regardless of age, income, or background— can learn, grow, and thrive at the Y.

How do I qualify for financial assistance?

We are proud to offer membership and program fees on a sliding scale. To see if you qualify, please complete and return this packet with all necessary documentation.

What types of assistance are offered?

Qualified **Membership Financial Assistance** applicants will receive reduced joining fees and monthly membership dues as well as member discounts on programs. **Program Financial Assistance** is available for those only looking to participate in a program.

Does financial assistance expire?

All program financial assistance expires after six months. All membership financial assistance expires after one year. In order to continue to receive financial assistance, you must reapply **prior** to expiration. Membership will continue at full cost should you choose not to reapply and/or should you not qualify.

How do I apply for financial assistance?

You will need to complete this application and return it with all the required documentation. **Applications without documentation are considered incomplete and will not be accepted.** If additional documentation is needed, we will hold the application for 30 days and, if documentation is not received, the application will be destroyed. You may return your completed application in person, or mail it to the Missoula Family YMCA at 3000 S. Russell St. Missoula, MT 59801.

When will I be notified if I'm approved for assistance?

Once your completed application, with all required documentation, is received by our Welcome Center Staff, our Financial Assistance Representative will process it and contact you within 10 business days.

Who do I contact with questions?

Please contact the Welcome Center with questions at (406)721-9622, or visit the Missoula Y website at www.ymcamissoula.org to learn more about programs, membership options, and financial assistance.