

## How to Apply for Financial Assistance

- Please complete the following steps thoroughly and accurately - note that incomplete applications will not be reviewed. All records will be kept confidential.
- Provide proof of all monthly or yearly gross (pre-tax) income for any one 18 years or older in the household. Accepted documentation can include:
  - Previous years 1040 tax return - *preferred, W2 not accepted. If 1040 not submitted, submit TWO of the following:*
  - Letter of projected income - if you have changed employers within the last 30 days
  - Two most recent payroll check stubs
- Additionally, if you receive any of the following benefits, we require proof to be submitted in order to process your application:
  - SNAP, TNAF, and/or housing subsidy
  - Child support, alimony, or foster care payments
  - Unemployment, SSI, or SSDI benefits
- You will be notified if you are required to submit additional proof of income

## Additional Information

- A new financial assistance application - with updated proofs of income - must be submitted every year.
- If further documentation or additional steps are required before we can process your application, a YMCA team member will contact you at the phone number and/or email address specified on this form. This may include but is not limited to:
  - Filling out a camp registration form, or registering online
  - Paying the required non-refundable deposit for the specified camp (\$150 for Horsemasters, or \$100 for all other camps)

## Submitting Your Application

Completed applications may be dropped off at the front desk of the Minot Family YMCA or emailed to [mgray@ymcaminot.org](mailto:mgray@ymcaminot.org)

- As another option for those not in the Minot Area, you can mail financial assistance applications with required documentation to:

Minot Family YMCA  
c/o Mallory Gray  
PO Box 69  
Minot, ND 58702

# Minot Family YMCA Financial Assistance Application Form

Primary Member/Head of Household: \_\_\_\_\_

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

**I am applying for financial assistance for the following — *select all that apply:***

- YMCA Membership & Program Financial Assistance
- Triangle Y Camp Financial Assistance

Please list which camp and session you are applying for:

\_\_\_\_\_

**A deposit of \$100 is required for all camps with the exception of Horsemasters which requires a deposit of \$150**

## Household Members

Please list all adults and children that live in the household.

First Name	Last name	Date of Birth	Relationship
1.			<i>Self/Applicant</i>
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**Household Income**

Please list the monthly or yearly household income for all household members over the age of 18. You must include proof if income listed. *If no funds are received for a category, list \$0.*

<b>Applicant Gross (pre-tax) Earnings</b> \$	<b>Spouse/Partner Gross Earnings</b> \$
<b>TNAF, SNAP, Housing Subsidy, etc.</b> \$	<b>Child Support or Foster Care Payments</b> \$
<b>Unemployment</b> \$	<b>Other</b> \$
<b>Total Gross Income - add all boxes together</b> \$	<b>Information provided is based on my:</b> <input type="checkbox"/> Yearly Income <input type="checkbox"/> Monthly Income

Is there any additional information you would like us to know about your financial situation, or to take into consideration as we review your application?

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**Office Use Only**

Date Received:	Date Processed	HH Size/Level	Percent	Daxko Adjustment	Initial
Initial:					

## YMCA Financial Assistance Agreement

Please initial all lines to indicate that you have read and agree to each of the listed terms.

\_\_\_\_\_ The information that I have provided and included with this application accurately represents my household and financial situation.

\_\_\_\_\_ I understand that if my household size, dependencies, or income changes, I am required to inform the Minot Family YMCA.

\_\_\_\_\_ I understand that if I choose to not use YMCA Financial Assistance, I must inform the YMCA no later than 2 weeks prior to camp beginning

\_\_\_\_\_ I understand that failure to provide all requested information will result in an incomplete application, which will not be reviewed.

\_\_\_\_\_ I understand that I must adhere to YMCA policies and codes of conduct as listed in the member and parent handbooks to continue receiving financial assistance.

\_\_\_\_\_ I understand that it is my responsibility to review my bank statements on a regular basis to ensure withdrawals are correct.

\_\_\_\_\_ I understand that all portions of payments/dues that are not covered by the YMCA Financial Assistance are my responsibility.

\_\_\_\_\_ I understand that a renewal is required after 6 months for membership and program assistance and yearly for Triangle Y Camp assistance, including all requested proofs of income, to continue receiving YMCA financial assistance.

\_\_\_\_\_ I understand the YMCA Financial Assistance awards are based on available resources, and the YMCA may reduce or end my financial aid with 30-day notice.

\_\_\_\_\_ I understand that YMCA Financial Aid is non-refundable and will not be included in any refunded amounts.

\_\_\_\_\_ I understand that the paid deposit for Triangle Y Camp is non-refundable, regardless of circumstances

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_