

# WEST SAN GABRIEL VALLEY YMCA

401 E. Corto Street

Alhambra, CA 91801

(626) 576-0226

(323) 283-7466

## Financial Assistance Letter to Applicants

Dear Applicant:

Welcome to the West San Gabriel Valley YMCA! As part of our mission to make our kids, families and communities stronger, it is our policy to make all our programs available to everyone with a desire to participate in them. It is because of this that we have a Financial Assistance program. Financial Assistance is available to all persons regardless of race, religion, color, national origin, age, sex, or handicap.

Every February, our YMCA conducts its Annual Support Campaign. During the Campaign, YMCA volunteer raise much-needed funds to help subsidize YMCA program operating costs. A major portion of this one-month effort becomes our financial assistance budget for the rest of the year. It is through the generosity of our donors that we have been able to provide financial assistance to our families in need.

Every application is evaluated individually based on an income sliding scale guideline and is subject to the terms as outlined in the Financial Assistance Agreement Form. Financial aid is given as a percentage off regular YMCA fees. Based on your eligibility, you may qualify for 5% - 50% in financial aid. We will not deny financial assistance to any individual who has shown genuine financial need. Your application is your first step in the financial assistance process. We will call you within one week of receiving your application.

Again, welcome to the West San Gabriel Valley YMCA. We look forward to having you as a part of our YMCA.

Sincerely,

Emily Mayorga  
Director of Administrative Services



*We build strong kids, strong families,  
Strong communities.*

## West San Gabriel Valley YMCA

### Financial Assistance Guidelines

The West San Gabriel Valley YMCA provides financial assistance funds to all individuals who qualify based on need. Every application is subject to the following terms:

#### **I Applications will not be processed without proper documentation.**

1. Financial Assistance Application
2. Financial Assistance Agreement Form
3. Proof of Address (ex. drivers license, utility bills)
4. Proof of income (for all members of the household)
  - Most current W-2 and 1040 Federal Tax Return
  - Two recent consecutive paycheck stubs
  - Child Support
  - Disability
  - Unemployment
  - Letter of Action (welfare)
  - Medi-cal
  - Social Security Award Letter
  - AFDC Award Letter
5. Foster parents and Group Homes
  - State License
  - Copy of Child's birth certificate

**II Each financial assistance grant is good for the term of the program approved for.**  
Renewal application must be received for financial aid to continue.

**III Financial assistance will be awarded on the period following receipt of application –no retroactive assistance.**

It is the responsibility of the financial aid applicant/recipient to submit his/her application at least two weeks before program starts.



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Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Living at home? Yes \_\_\_ No \_\_\_  
 Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

3. Please list the gross monthly income and expense items of the primary income providers (s). Income verification documents (i.e. W – 2, 1040 tax forms, etc.) must accompany the information listed below. No application will be processed without proper documentation.

Gross Monthly Income		Monthly Expenses	
Father's Employment	\$ _____	Rent	\$ _____
Mother's Employment	\$ _____	Utilities	\$ _____
State/Federal Aid	\$ _____	Food	\$ _____
Food Stamps	\$ _____	Transportation	\$ _____
Child Support/Alimony	\$ _____	Medical/Dental	\$ _____
Investment Income (rental, property, etc.)	\$ _____	Insurance (auto, home, etc)	\$ _____
Other Income Specify _____	\$ _____	Child care	\$ _____
		Other Expenses	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>	<b>Total Monthly Expenses</b>	<b>\$ _____</b>

4. Please list names and ages of the dependents that the primary income provider is providing support for:

NAME	AGE	NAME	AGE
(1)		(5)	
(2)		(6)	
(3)		(7)	
(4)		(8)	

**IV. RELEASE AND SIGNATURE**

By filling out this application and signing below, I give permission to the West San Gabriel Valley YMCA to use the enclosed and attached information to evaluate my eligibility for financial assistance. I declare that the statements on this application and on any accompanying to verify information. I understand that the above information is confidential.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**YMCA REMARKS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# West San Gabriel Valley YMCA

## Financial Assistance Agreement Form

By signing this form, I acknowledge that I am aware of the rules and policies of the West San Gabriel Valley YMCA financial assistance program as listed under the West San Gabriel Valley YMCA Financial Assistance Guidelines. I understand that to remain eligible for the financial assistance I have received, I must be a YMCA participant in good standing and comply with the following terms:

1. **I will pay all required fees by their due date.** I understand that any delinquencies in payments (i.e. late payments, returned checks) may result in termination of financial assistance and suspension from the corresponding program.
2. **I am responsible for turning in renewal applications.** Each financial assistance grant lasts for the term of the program. As financial assistance recipient, I am responsible for turning in my renewal application with the proper documentation at least two weeks before the beginning of the program. I understand that no financial assistance grants will be applied retroactively.

I again establish that I fully understand the above statements.

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Signature

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Date

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Printed Name

**Please return this form with your Financial Assistance Application to the YMCA office.**



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