



FINANCIAL ASSISTANCE YMCA OF DODGE COUNTY

The mission of the YMCA of Dodge County is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all. Through the generosity of our members, staff, community and Annual Campaign donations, we are able to provide financial assistance for children and families who need it most. We want to help people of all ages and from all walks of life be more healthy, confident, connected, and secure.

To apply for Financial Assistance, please review the following requirements, fill out the application on the reverse side, and include the required documentation.

Application Requirements:

- Applicants must fill out the Financial Assistance Application, and provide verification of all income and/or assistance received. Applications are kept confidential.
- Assistance may be granted on the basis of financial need such as low income, number of dependents, extenuating circumstances, etc.
- Foster parents must submit proof of household income, along with assistance granted for the child.
- The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.
- Applicants applying for a membership will need to provide verification of income for all adults in the household.
- Some programs are not eligible for Financial Assistance.



LIST OF REQUIRED DOCUMENTS

- Most recent year's Federal Tax Return (Form 1040 pages 1 & 2 only, or form 1040EZ) or a non-filing form
- Copies of your last three pay stubs **OR** a letter from your employer stating your salary on company letterhead
- Copies of all applicable supporting documentation listed in the Income Verification Information box

YMCA STAFF USE ONLY

Date Received _____ Staff Initials _____ (Received By)

Member Number _____ Membership Type _____

Financial Assistance Granted: Membership _____ % Programs _____ % Child Care _____ %

Date Processed _____ Valid Until _____ Staff Initials _____ (Processed By)

YMCA OF DODGE COUNTY FINANCIAL ASSISTANCE APPLICATION

Today's Date _____

I am a new applicant to the Financial Assistance Program

I am reapplying for the Financial Assistance Program

1. APPLICANT INFORMATION

Full Name (First, Middle, Last) _____

Date Of Birth _____ Male Female

Home Address _____

City _____ State _____ Zip _____

Primary Phone Number _____ Secondary Phone Number _____

Employer _____

Work Phone Number _____

Hours Per Week _____ Salary/Hourly Wage _____

Spouse/Significant Other's Full Name (First, Middle, Last) _____

Date Of Birth _____ Male Female

Employer _____

Work Phone _____

Hours Per Week _____ Salary/Hourly Wage _____

2. OTHER PERSONS LIVING IN THIS HOUSEHOLD

(For additional household members please attach on separate piece of paper)

Full Name (First, Middle, Last) _____ Date Of Birth _____

Relationship _____ Male Female

Full Name (First, Middle, Last) _____ Date Of Birth _____

Relationship _____ Male Female

Full Name (First, Middle, Last) _____ Date Of Birth _____

Relationship _____ Male Female

Full Name (First, Middle, Last) _____ Date Of Birth _____

Relationship _____ Male Female

3. I AM APPLYING FOR

Family

Adult (19-59)

Two Adult (20-59)

Senior (60+)

Senior Two Adult (60+)

Youth (8-18)

4. INCOME VERIFICATION INFORMATION

Please list the monthly totals for income and/or assistance received by your household. Verification of these amounts is required. You must provide your most recently filed tax return (1040/1040EZ) or Verification of Non-Filing (4506-T), and all applicable supporting documentation of the following:

	Total Monthly \$	N/A
Household Gross Income		<input type="checkbox"/>
Food Share (SNAP)		<input type="checkbox"/>
Unemployment Benefits		<input type="checkbox"/>
Child Support/Alimony		<input type="checkbox"/>
WI Shares/Childcare Subsidy		<input type="checkbox"/>
Housing Subsidy		<input type="checkbox"/>
<small>*Please list the amount of assistance you receive, not the amount you pay</small>		
Energy Assistance		<input type="checkbox"/>
Social Security Disability		<input type="checkbox"/>
Supplemental Social Security		<input type="checkbox"/>
Other		<input type="checkbox"/>

5. EXPENSES

	Total Monthly \$	N/A
Rent/Mortgage		<input type="checkbox"/>
Total Utilities (Electric, Water/Sewer, Gas)		<input type="checkbox"/>
<small>*DO NOT include cable, phone or Internet access/lines</small>		
Insurance (Medical, Dental, Vision)		<input type="checkbox"/>
Child Care		<input type="checkbox"/>
Vehicle Payment/Insurance		<input type="checkbox"/>
Other		<input type="checkbox"/>

Ways to request a non-filing verification for the IRS

ONLINE REQUEST

Available at: www.irs.gov

Note: This is typically not available if you have never filed taxes in previous years. If this is the case, please use the paper request process detailed below.

TELEPHONE REQUEST

Available from the IRS by calling 1-800-908-9946

Note: This is typically not available if you have never filed taxes in previous years. If this is the case, please use the paper request process detailed below.

PAPER REQUEST FORM: IRS Form 4506-T

Best option for those who have not filed taxes in recent years.

Verifications will be received within 5-10 business days. Processing may take longer during tax season, but the IRS will still issue non-filing verifications.

Download IRS Form 4506-T at: www.irs.gov/pub/irs-pdf/f4606t.pdf

6. SIGNATURE

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation as requested. I understand that this financial assistance is short term, and that financial assistance eligibility is reassessed annually unless otherwise noted.

SIGNATURE OF FINANCIALLY RESPONSIBLE MEMBER _____

DATE _____