

**YMCA of Southern Arizona  
60 W. Alameda  
Tucson, AZ 85701  
(520) 623-5511**

**Branch Location:** \_\_\_\_\_

Dear Financial Assistance Applicant:

Thank you for filling out your financial assistance application in detail. The YMCA of Southern Arizona's philosophy is "no child will be turned away due to an inability to pay a program fee" as long as the YMCA has the resources available to distribute. This financial assistance program is funded through contributed dollars and there may be times when assistance is not available. Youth, young adults and families at risk are given financial assistance priority. Occasionally, adult memberships are granted in special circumstances with a written explanation.

In order to process your request, each adult 22 and over listed on the application must provide a copy of their proof of income. A family membership will include only those persons listed on the application and is limited to 2 adults and their dependent children under the age of 22. Adults may not be added once the application has been approved.

A copy of two of the following documents for each adult is required in order to process your application. Other documentation can not be accepted. Please include all income and expense for a fair review.

- Current IRS 1040 Form
- Current W-2 Statement
- Current award letter from Social Security showing your monthly benefits
- Current award letter from a Governmental Agency showing your monthly benefits.

You may also be asked to provide your last 2 current paycheck stubs for financial verification.

After you complete the Assistance application and have attached a copy of the forms listed above turn them into your area YMCA. Due to the number of requests received, please allow 30 days for the YMCA to respond. You will receive either a call or a written response to the address provided explaining your award or denial.

Thank you,

YMCA of Southern Arizona



**Detail your monthly household income and expenses.**

**MONTHLY INCOME**

Wages, Salaries, and tips \$ \_\_\_\_\_  
Unemployment Compensation \_\_\_\_\_  
Social Security Compensation \_\_\_\_\_  
Child Support \_\_\_\_\_  
Aid to Dependent Children \_\_\_\_\_  
Food Stamps \_\_\_\_\_  
401K/Retirement Funds \_\_\_\_\_  
Alimony \_\_\_\_\_  
Other \_\_\_\_\_

**TOTAL MONTHLY INCOME: \$ \_\_\_\_\_**

**MONTHLY EXPENSES\***

Rent/Mortgage \$ \_\_\_\_\_  
Utilities \_\_\_\_\_  
Food \_\_\_\_\_  
Clothing \_\_\_\_\_  
Phone \_\_\_\_\_  
Car Insurance \_\_\_\_\_  
Alimony \_\_\_\_\_  
Child Support \_\_\_\_\_  
Medical \_\_\_\_\_  
Other \_\_\_\_\_

**TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_**

**\*You may be asked to verify expenses.**

I hereby attest that the above information is correct and true to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

The YMCA will send you a determination letter in writing. Allow a minimum of three weeks for processing and a written response from the YMCA.

**FOR OFFICE USE ONLY**

Award \_\_\_\_\_ Amount \_\_\_\_\_

Expiration Date \_\_\_\_\_ Program \_\_\_\_\_

Paid by Individual \_\_\_\_\_ Paid by YMCA \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_