

# YMCA Financial Assistance Application

## YMCA of Honolulu

**Discreet. Confidential.**

Financial assistance is supported in part through contributions to the Annual Support Campaign and provides funds for those in need within our available resources.



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**YMCA OF HONOLULU**  
**FINANCIAL ASSISTANCE PROGRAM**  
**CONFIDENTIAL**

## **How to apply for Financial Assistance**

Financial assistance is available, to the extent possible through the  
YMCA's Annual Support Campaign

- Please apply at least one month prior to the start date of the program you are requesting financial assistance for. Funds are limited. If applying later than a month prior to the program start date, funds may have already been distributed.
- Please fill out the Financial Assistance Application completely. Incomplete applications will delay processing or it may not be reviewed.
- Attach proof of income and all other applicable supporting documentation. Please do not attach original documents... copies only. Your application will not be processed without proof of income requirements.
- A registration form must be turned in with Financial Assistance Application, listing the programs applying for.
- All financial assistance is approved for a specific program- session/ date. Please note that assistance is not automatically renewed... you must reapply.
- The YMCA believes a strong sense of ownership and pride is developed is the financial assisted applicant contributes to the cost of the program. Therefore, applicants will be asked to pay a portion of the fees.
- Please allow a minimum of 2 weeks for processing (approved or disapproved) by the YMCA staff. You will be contacted in writing from the YMCA as to your application request status.
- Payment plans are available upon request. Full payment must be made prior to the first day of the program.
- If you have any questions or concerns, please feel free to call the Kaimuki-Waiialae YMCA Youth Department at (808) 737-5544.

**Income Verification – attach these documents with your application:**

The YMCA of Honolulu requires the following documentation:

- a. Proof of Income (for all members of the household)
  - Most current W-2 and 1040 Federal Tax Return
  - Two recent consecutive paycheck stubs
- b. YMCA Registration Form

Secondary documents such as child support may be requested.

FOR YMCA OFFICE USE  
 New \_\_\_\_\_ Renew \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Date Clerk Initials \_\_\_\_\_

# YMCA OF HONOLULU

## Financial Assistance Application – All Programs

Please FILL OUT all information on this Financial Assistance (FA) application and ATTACH the required documents (photocopies only). Return to the YMCA office. Failure to complete application and provide required documents will delay or deny application review. PLEASE ALLOW A MINIMUM OF TWO WEEKS BEFORE THIS APPLICATION CAN BE PROCESSED AND APPROVED (or Disapproved) BY THE YMCA. Balance of the fee must be paid in full or on our automatic payment plan through our electronic fund transfer program. Exceptions are made only by the Executive Director. Please print all information. You will be contacted by the staff of the YMCA. THANK YOU.

### I. APPLICANT INFORMATION

Date of Application \_\_\_\_\_  
 Name of Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_

Is this application for a: \_\_\_\_\_ Youth \_\_\_\_\_ Adult

YMCA Location \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 How Long? \_\_\_\_\_  
 Phone \_\_\_\_\_

Program(s) To Be Enrolled	Total Program Fees	What is the dollar amount you are able to pay?	What is the \$ amount you are requesting for financial aid?
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Name(s) assistance is for \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Is this person(s) a YMCA member? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which YMCA? \_\_\_\_\_

### II. APPLICANT'S DESCRIPTION OF NEED FOR FINANCIAL ASSISTANCE

- In your own words, please explain briefly why you should receive financial assistance?  
 \_\_\_\_\_  
 \_\_\_\_\_
- Please explain your current financial situation. Are there any special considerations we should take into account when evaluating your application?  
 \_\_\_\_\_  
 \_\_\_\_\_
- Are you a single parent household? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you received financial assistance from the YMCA before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, which YMCA? \_\_\_\_\_ Program \_\_\_\_\_ Amount received \$ \_\_\_\_\_

### III. FINANCIAL INFORMATION

All information contained in this section will remain confidential and will only be used to evaluate your eligibility to receive financial assistance and the amount of such aid.

- Are you the primary income provider in the household?  
 Yes \_\_\_\_\_ Myself & Spouse \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Please list the gross monthly income and expense items of the primary income provider(s). Income verification documents (W-2, 1040 tax forms, last 2 pay stubs) must be attached to this application. No application will be processed without proper documentation.

## GROSS MONTHLY INCOME

INCOME		EXPENSES	
Father's Employment	\$ _____	Rent/Mortgage	\$ _____
Mother's Employment	\$ _____	Utilities	\$ _____
State/ Federal Aid	\$ _____	Food	\$ _____
Child Support	\$ _____	Clothing	\$ _____
Aid to Dependent Child	\$ _____	Phone	\$ _____
Food Stamps	\$ _____	Car Pymt./ Insurance	\$ _____
Alimony	\$ _____	Alimony	\$ _____
Investment Income	\$ _____	Child Care	\$ _____
Other	\$ _____	Medical/Dental	\$ _____
Other	\$ _____	Other	\$ _____
<b>TOTAL MONTHLY INCOME</b>	\$ _____	<b>TOTAL MONTHLY EXPENSES</b>	\$ _____

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

NAME	AGE	NAME	AGE
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

### RELEASE AND SIGNATURE

By filing out this application and signing below, I give permission to the YMCA of Honolulu to use the enclosed and attached information to evaluate my eligibility for financial assistance. I declare that the statements on this application are correct. I understand that the above information is confidential.

\_\_\_\_\_   
 Print Applicant's Name

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

\_\_\_\_\_   
 Date

YMCA USE: \_\_\_\_\_

# YMCA OF HONOLULU

## Financial Assistance Agreement Form

By signing this form, I acknowledge that I am aware of the rules and policies of the YMCA of Honolulu financial assistance program as listed under the 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 for turning renewal application.** 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.
3. **I have attached the required income documents.**

I again establish that I fully understand the above statements.

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Applicant's Signature

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Date

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Print Applicants Name

**PLEASE RETURN THIS FORM WITH YOUR FINANCIAL ASSISTANCE APPLICATION AND REQUIRED DOCUMENTATION COPIES TO THE YMCA OFFICE.**

**Mahalo**