

# Application for Financial Assistance

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Phone # \_\_\_\_\_  
*(HOUSEHOLD MEMBER COMPLETING APPLICATION)*

2nd Phone (work / cell) \_\_\_\_\_ Address \_\_\_\_\_  
*Street Address City State Zip*

**Please give names of all people in the household, including yourself,** as that number will determine aid amount. To the right, check next to each person's name all programs (if any) that you anticipate that person will use. If you need additional lines, please attach a separate piece of paper with the information.

Name of Each Person in Household	Birthdate (Required)	School or Workplace	YWCA Programs of Interest						
			Unemployed*	Retired**	Disabled**	Youth Classes	Adult Fitness	Childcare	

**HOUSEHOLD INCOME:**

- **Indicate source and amount of current gross income for ALL members of your household before deductions.** If you receive more than one check from any of these sources, please indicate the total monthly amount received. **\*If you do not have any income, please place zeros in each line.**
- **Please submit documentation of income.** Accepted forms: one month of pay stubs, SSI or SSDI award letter; SSI, SSDI, unemployment direct deposit bank statement. **\*If you are just beginning a job and do not have pay stubs to submit, we will accept a letter from your employer stating your pay amount and hours as documentation.**

Gross Wages \_\_\_\_\_ Wages (2<sup>nd</sup> earner) \_\_\_\_\_ Unemployment \_\_\_\_\_ Retirement Social Security \_\_\_\_\_

SSI / SSDI \_\_\_\_\_ Other \_\_\_\_\_ Total Monthly Combined Gross Income \_\_\_\_\_ Total Combined Yearly Income \_\_\_\_\_

**\*If you indicated no income, please write on the lines below, how you will be paying for services.**

**\*\*If you checked unemployed, retired, or disabled, please provide a statement below indicating why you are applying for YWCA Financial Aid and how it will empower you/your family.**

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*I hereby certify that all the above information is true and correct. I understand that, if approved, this financial assistance is good for one year from the date approved and it will be my responsibility to reapply before the expiration date. If I do not reapply for financial assistance before the expiration date, I understand I will be responsible for paying full price for any programs used or participated in.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

This Page for Staff Use Only

Date Received at Desk

by (initials)

Total # in Household \_\_\_\_\_

Yearly Income \_\_\_\_\_

Financial Aid Given: Yes No

% Program/Membership Aid Given: \_\_\_\_\_

**CHILDCARE** decision made by: \_\_\_\_\_

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

Applicant notified by: *(initial)* \_\_\_\_\_

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

**FITNESS** decision made by: \_\_\_\_\_

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

Applicant notified by: *(initial)* \_\_\_\_\_

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

Use the space below for notes, such as attempts to contact, clarification on amounts, etc.

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Last updated 12/27/23