



Kent County YMCA
900 Centerville Road • Warwick, RI 02886
Phone: 401-828-0130 • Fax: 401-828-0130
www.YMCAGreaterProvidence.org

FINANCIAL ASSISTANCE PROGRAM

The YMCA, as a human services agency, offers assistance options to ensure that no one is turned away due to financial limitations.

Verification of income is required and must be submitted with this application. The following methods are accepted:

- 1. Submittal of prior year Form 1040 tax return. AND/OR**
- 2. Copy of Benefits Determination Letter (for FIP, AFDC, SSI).**
- 3. Copy of child support documentation.**

Additional information may be required in order to determine the appropriate amount of financial assistance to be awarded. (i.e. 3rd party reference, medical bills, etc.)

Funding is made possible for this program through the YMCA Annual Support Fund. Anyone wishing to contribute to the YMCA should contact their local YMCA Executive Director.

INSTRUCTIONS

- 1. The head of the household must complete the Financial Assistance Application.**
- 2. Attach all necessary documents.**
- 3. Sign and return to the YMCA.**

If all proper information has been received with a signed and completed application, the YMCA will process the financial assistance request and notify the applicant within ten business days.

The Mission of the YMCA of Greater Providence
is to build healthy spirit, mind and body for all, through programs, services and relationships that are based on our core values of caring, honesty, respect and responsibility.

**Kent County YMCA
FINANCIAL ASSISTANCE APPLICATION**

YMCA Membership or Program Desired: _____

Head of Household: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (Day): _____ (Evening): _____ M ___ F ___ Date of Birth: _____

List name and date of birth for all individuals living in the same household.

Name	Date of Birth

Monthly Income: Total amount of monthly income before deductions (including wages, salary, public assistance, child support, alimony, social security, unemployment compensation, TDI, worker's compensation, pension, or retirement income) available to support household expenses from all sources and individuals living in the household: \$ _____

Additional reasons which I feel are relevant to my application:

I hereby certify that I have completed all the information requested within this application form, and that all information supplied is true and accurate to the best of my knowledge, and that there is no misrepresentation by omission. I further understand that this application does not constitute acceptance by the YMCA, and that I will be notified as to whether my application for financial assistance has been approved.

Applicant Signature

Date

YMCA Executive Director or Branch Designee Signature

Date

FOR OFFICE USE ONLY

Percentage Awarded: _____

Membership Rate: _____

Joiners Fee Amt: _____

Program Fee: _____

Amt of Fin. Asst: _____

Amt. of Fin Asst: _____

Amt of Fin Asst: _____

Balance to be Paid: _____

Balance to be Paid: _____

Balance to be Paid: _____