



New Application Renewal Application

The Family YMCA of the Desert is able to provide financial assistance through a variety of contributions and proceeds, including the Annual Sustaining Campaign and other special events. For those that meet the financial qualifications, applications are accepted throughout the year. All applications must be **renewed annually unless otherwise indicated**, at which time it is the applicant's responsibility to reapply, and all documents are subject to verification. The **maximum** amount of subsidy to be **granted is 35%** on both the annual membership and the program fees.

Please complete the entire form, sign, and date. **All proof of income and required documents must be submitted with the application in order for the application to be processed.** The supporting documents you provide will not be returned, so please attach photocopies. All forms are kept confidential. Completion of this application does not guarantee approval. **Please allow 5 business days for processing. Written notification of the award will be sent via email.** **PLEASE NOTE:** Awards are on a go-forward basis; refunds will not be issued for fees paid or due prior to the award date.

ADULT #1- PLEASE PRINT LEGIBLY

First Name: _____
 Last Name: _____
 Phone: _____
 Address: _____
 Apt: _____ City: _____ Zip: _____

Have you received financial assistance previously Yes No
 Do you receive income Yes No
 If no, please explain _____

Email: _____

ADULT #2- PLEASE PRINT LEGIBLY

First Name: _____
 Last Name: _____
 Phone: _____
 Address: _____
 Apt: _____ City: _____ Zip: _____

Have you received financial assistance previously Yes No
 Do you receive income Yes No
 If no, please explain _____

Email: _____

CHILDREN - DEPENDENTS UNDER 18 YEARS OF AGE

Last Name	M.I.	First Name	Date of Birth	Relationship to applicant	YMCA ID #
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		

INCOME & FINANCIAL SUPPORT VERIFICATION DOCUMENTATION: Proof of all income for each adult must be submitted with the application in order to be processed. **Incomplete applications will not be accepted.**

The following documents must be attached and are required to determine eligibility:
 (Failure to submit the required documents will prevent your application from being processed)

- Last 3 current pay stubs for each adult in household
- Current federal tax return for each adult in household (W-2's or handwritten taxes will NOT be accepted)
- Child support/alimony

Do you receive Child Support YES NO

Do you receive Alimony YES NO

Provide all **applicable income documents** for EACH ADULT in household
 (Failure to disclose any income verification may result in denial or delay of your application)

- **Unemployment statements**
- **SSI or Disability Award Letter**
- **Government Assistance**
(Example: Cal Fresh, Cash Aid, grants, loans, cash allowances, rental assistance)
- **Adoption foster care payments.**
- **Student loan, living expense portion.**
- **Gifts, loans, or any other type of income not stated above.**

If there is not current income verification, zero income, negative income, or not approved documents of income, a financial award cannot be processed.

PLEASE MARK THE PROGRAM TO WHICH YOU ARE APPLYING FOR FINANCIAL ASSISTANCE:

AQUATICS

Palm Desert Aquatic Center

DAY CAMPS

- Summer Day Camps
- Spring Break Day Camp
- Winter Break Day Camp
- Other _____

YOUTH AND GOVERNMENT

LICENSED CHILDCARE

Early Childhood Education
Location: _____

School Age
Location: _____

RESIDENT CAMP (summer only)

Camp Oakes

YOUTH SPORTS

- Y Rookies
- Flag Football
- Basketball
- Other _____

ACKNOWLEDGMENT

I certify through my signature that the information I provided is accurate, complete, and correct. I am aware that at any time I may be asked to provide additional support documentation in order to verify income. I agree to inform the YMCA immediately of any changes to the above information or if any of my household members income changes. I Understand I am subject to the rules and regulations of the Family YMCA of the Desert.

THE YMCA RESERVES THE RIGHT TO REFUSE SERVICE TO ANYONE

Signature

Date

STAFF USE ONLY

Adult #1

<input type="checkbox"/> Weekly	\$ _____	+	\$ _____	+	\$ _____	/3	X 52 =	\$ _____
<input type="checkbox"/> Bi-Weekly	\$ _____	+	\$ _____	+	\$ _____	/3	X 26 =	\$ _____
<input type="checkbox"/> Semi-Monthly	\$ _____	+	\$ _____	+	\$ _____	/3	X 24 =	\$ _____
<input type="checkbox"/> Monthly	\$ _____	+	\$ _____	+	\$ _____	/3	X 12 =	\$ _____
<input type="checkbox"/> Other Income	\$ _____	+	\$ _____	+	\$ _____			\$ _____

Adult #2

<input type="checkbox"/> Weekly	\$ _____	+	\$ _____	+	\$ _____	/3	X 52 =	\$ _____
<input type="checkbox"/> Bi-Weekly	\$ _____	+	\$ _____	+	\$ _____	/3	X 26 =	\$ _____
<input type="checkbox"/> Semi-Monthly	\$ _____	+	\$ _____	+	\$ _____	/3	X 24 =	\$ _____
<input type="checkbox"/> Monthly	\$ _____	+	\$ _____	+	\$ _____	/3	X 12 =	\$ _____
<input type="checkbox"/> Other Income	\$ _____	+	\$ _____	+	\$ _____			\$ _____

DATE RECEIVED:	DATE REVIEWED:	REVIEWED BY:	# IN HOUSEHOLD:	GROSS INCOME FOR HOUSEHOLD:
FA %: Awarded:	ID # OF APPLICANT:	START DATE:	END DATE:	
CONTACTED BY:	DATE APPLICANT CONTACTED:	INPUT BY:	DATE:	
COMMENTS:				