



The YMCA of the Kanawha Valley is a charitable, cause-driven non-profit organization committed to helping people grow in spirit, mind and body. Through the generosity of donors, we are able to provide programs and services to those who may not otherwise be able to participate.

**NOTE: CHILDCARE PARENTS:** You must provide denial letter from CONNECT or LINK before consideration will be given for reduced childcare rates.

**\*\*ALL APPLICANTS MUST SUBMIT NEW INFORMATION ANNUALLY.\*\***

## Community Assistance Request Form

BRANCH: Charleston Family YMCA \_\_\_\_\_ Cross Lanes YMCA \_\_\_\_\_ MEMBERSHIP: New \_\_\_\_\_ Renewal \_\_\_\_\_  
 TYPE: Household \_\_\_\_\_ Adult (19 and Over) \_\_\_\_\_ Youth (12 and Under) \_\_\_\_\_ Teen (13-18) \_\_\_\_\_  
 Senior (60 +) \_\_\_\_\_ Senior Family (Both 60 +) \_\_\_\_\_ Single Parent \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M / F Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Spouse \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M / F

Spouse Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Household Size \_\_\_\_\_ Adults \_\_\_\_\_ Children (Under 21 or dependent full-time college student must submit schedule)

African-American  Asian  Caucasian  Hispanic  Native American  Other \_\_\_\_\_

All Persons Living In Household	Relationship	DOB	Gender	School/ College Attending:

If you would like to tell us about any unusual expenses or circumstances, please attach second page. (*Mortgage, utilities, car payments, etc. are not considered unusual expenses or circumstances.*)

### Required Information For Applicant's Household

**Important: Entire Household Income is Required**

Monthly Gross	Applicant	Other Household
Salary Wages	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
State/Fed. Aid	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
School Loans/Grants	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Other Income	\$ _____	\$ _____

### Required Documentation

**Important: Entire Household Income is Required**

Submit your completed application along with:

**Federal Income Tax Form 1040 REQUIRED**

And

**HOUSEHOLD INCOME (All who live in your home)**

- two most recent pay check stubs
- two most recent unemployment check stubs
- disability statement or Social Security Statement
- government assistance verification (food stamps, foster care assistance, 3rd party childcare, HUD, etc.)
- other assistance verification (child support, alimony, student loans/grants)

**Please Note: Information Must Be Current**

**Completed Applications will be reviewed within 14 working days. \***

**\*Incomplete Applications will not processed until ALL information is submitted.**

I certify that all the above information is true and complete to the best of my knowledge. Falsification of information will lead to immediate termination of assistance.

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

Office Use Only: Date: \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_ Discount %: \_\_\_\_\_