



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# FINANCIAL ASSISTANCE APPLICATION

## PROVIDING ACCESS FOR ALL

### OUR MISSION

The Santa Monica Family YMCA is dedicated to serving the community by providing programs and services that enrich the quality of the physical, mental, spiritual and social lives of individuals and families. In all we do, we will be guided by principles of love and respect for all people, embracing diversity in all its forms to ensure that everyone has the opportunity to learn, grow and thrive. Our core values of caring, honesty, respect and responsibility guide us in everything we do.

### APPLICATION GUIDELINES

We offer a financial assistance program based on household need. The funds awarded to scholarship recipients are provided directly by YMCA donors. To ensure we are responsible stewards of available funds, we ask applicants to provide documentation to verify household income. All adults in the household must provide verification of income. Assistance awards apply only to individuals listed with this application. Incomplete applications will not be approved. Although completion of this application does not guarantee a financial assistance award, it is designed to ensure equitable resources for all in the community. Scholarships are awarded so that both the YMCA and the scholarship recipient pay a portion of membership or program fees. Awards will be reviewed semi-annually or annually. Although we send reminders at the end of a term, it is the member's/participant's responsibility to reapply for financial aid. If assistance is not renewed by its expiration date, members/programs on a monthly billing cycle will be charged the regular rate. **Applicants must reside in Santa Monica or Venice.**

**Please allow 7–10 business days for processing.** Notification of the award will be sent via email or phone. Please note: Awards are on a go-forward basis; refunds will not be issued for fees paid or due prior to the award date.

### INCOME VERIFICATION TYPES

Financial assistance is based on gross household income. A "household" is defined as any adult/child who lives in the same dwelling. Regardless of their intention to join the YMCA, each adult in the household needs to provide the following:

**Most recent tax returns\* AND any of the applicable items from the list below\*\*** Applicant must submit at least two types of income verification:

- Two most recent pay stubs
- Unemployment Insurance Statement
- Proof of Alimony/Child Support
- CDSS Proof of CalFresh/CashAid/CalWorks
- Social Security Income Award Letter
- State Disability Insurance Award Letter

\*If tax returns don't apply, applicant may submit proof of at least two applicable documents from the list above.

\*\*List is not all-inclusive. Additional supporting documentation may be submitted/requested.

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# SANTA MONICA FAMILY YMCA

## CONFIDENTIAL APPLICATION

### YMCA Financial Assistance

#### EVERYONE IS WELCOME

The Santa Monica Family YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on ability to pay. Through our Annual Support Campaign, the Y provides assistance to youth, adults and families based on individual needs and circumstances.

#### PRIMARY ADULT - PLEASE PRINT LEGIBLY

|                   |        |     |
|-------------------|--------|-----|
| First & Last Name |        |     |
| Date of Birth     | Gender |     |
| ( )               |        |     |
| Phone             | E-mail |     |
| Address           |        |     |
| City              | State  | Zip |

Do you receive income? ☐ Yes ☐ No

Are you employed? ☐ Yes ☐ No ☐ Retired

Are you enrolled in school? ☐ Part-Time ☐ Full-Time

Do you own or rent a home? ☐ Own ☐ Rent ☐ Unhoused

Preferred method of contact:

☐ E-mail ☐ Phone ☐ Mail

#### SECONDARY ADULT

|                   |        |  |
|-------------------|--------|--|
| First & Last Name |        |  |
| Date of Birth     | Gender |  |
| ( )               |        |  |
| Phone             | E-mail |  |

Do you receive income? ☐ Yes ☐ No

Are you employed? ☐ Yes ☐ No ☐ Retired

Are you enrolled in school? ☐ Part-Time ☐ Full-Time

Do you own or rent a home? ☐ Own ☐ Rent ☐ Unhoused

#### HOUSEHOLD FAMILY MEMBERS

|                   |               |        |                         |
|-------------------|---------------|--------|-------------------------|
| First & Last Name | Date of Birth | Gender | Relationship to Primary |
| First & Last Name | Date of Birth | Gender | Relationship to Primary |
| First & Last Name | Date of Birth | Gender | Relationship to Primary |
| First & Last Name | Date of Birth | Gender | Relationship to Primary |
| First & Last Name | Date of Birth | Gender | Relationship to Primary |

#### WHAT YMCA PROGRAM ARE YOU SEEKING ASSISTANCE FOR?

- ☐ Membership
  - ☐ Youth / Teen
  - ☐ Young Adult / Adult
  - ☐ Adult +1 / Family
  - ☐ Senior / Senior Couple
- ☐ Programs (Swim Lessons, Youth Sports, Family Programs)
- ☐ Childcare (Afterschool Enrichment, Early Learning Center)
- ☐ Camp (Overnight Camp, Day Camp, Mini Day Camp, Holiday Camps)

## INCOME INFORMATION—Monthly Household Income

|   | ADULT 1   | ADULT 2   | OTHER     |
|---|-----------|-----------|-----------|
| Wages, Salaries, Tips                               | \$        | \$        | \$        |
| Social Security Income / Social Security Disability | \$        | \$        | \$        |
| Business Income                                     | \$        | \$        | \$        |
| Unemployment  | \$        | \$        | \$        |
| Alimony/Child Support                               | \$        | \$        | \$        |
| Retirement/Pension                                  | \$        | \$        | \$        |
| Cash Aid  | \$        | \$        | \$        |
| Other _____   | \$        | \$        | \$        |
| <b>TOTAL MONTHLY INCOME</b>                         | <b>\$</b> | <b>\$</b> | <b>\$</b> |

Please note that proof of each form of income applicable from the above list should be submitted with this application along with the household's most recent tax return. Documents submitted are destroyed upon approval, so copies are strongly recommended.

## YOUR Y STORY

*Share your YMCA story and/or how receiving this scholarship may help you reach your health & wellbeing goals. Please also use this designated space to explain any extenuating circumstances or discrepancies in your income (if applicable).*

## ACKNOWLEDGEMENT

I certify that the above information is true and complete to the best of my knowledge, and that I, along with other adults listed, do not have additional income not represented above. I understand that scholarships are awarded based on available funds. I agree to provide additional documentation to verify need, if requested. I acknowledge that I am responsible for submitting my renewal application 30 days prior to my expiration date. Failure to renew my application will result in my dues/fees reverting to full price. I acknowledge that each application is reviewed and approved independently. If there are changes to my income, I will notify the YMCA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date