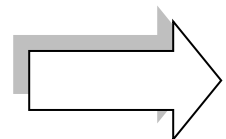


SANTA MONICA FAMILY YMCA

FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY REQUIREMENTS

1. **SANTA MONICA residents ONLY.** P.O Boxes are not accepted. The following zip codes will be accepted: 90401-90405.
2. All applicants pay a portion of their monthly membership fee.
3. Completed applications will be reviewed on a first-come, first-serve basis. Assistance will be granted on the basis of financial need resulting from low income, medical expenses, unemployment, etc. WE ONLY ACCEPT COPIES OF YOUR PERSONAL DOCUMENTS. IF ORIGINALS ARE SENT, THEY WILL BE REJECTED AND RETURNED TO YOU.
4. *Household* is defined, by our rules, as a group of individuals who are living as one economic unit and sharing living expenses, i.e. family members, partner, roommates, etc.
5. Financial assistance is typically granted for one (1) year. Review applications are sent to determine continued eligibility.
6. All Santa Monica Family YMCA Financial Aid members **MUST** pay their membership dues through our automated transfer system with either a debit card or credit card. Failure to pay the appropriate amount on a monthly basis will result in the cancellation of membership.
7. Applicants will be notified by mail within 3-4 weeks of submitting their application. Approved applicants will receive an acceptance letter and agreement by mail with instructions to activate their membership at our Member Services Front Desk. A \$40.00 processing fee and first month membership dues are payable at the time of activation of the membership.

If you have any questions regarding this application or the eligibility requirements, email us at fap@ymcasm.org OR call our Financial Aid Office at (310) 393-2721, ext. 104, Tuesday-Friday, 12:30-4:30PM



SANTA MONICA FAMILY YMCA

Financial Aid Requirements

~INCOMPLETE APPLICATIONS WILL BE DENIED~

All applications must be completed thoroughly, accurately and signed. All records are kept confidential. The following items MUST be included before your application will be considered.

1. _____ A COPY of your most recent **FEDERAL INCOME TAX** forms showing your earnings for the year with your signature and date. *(if applicable)*
2. _____ A COPY of *Profit from Self-Employment* (IRS Form 1040, Schedule C) *(if applicable)*
3. _____ A COPY of all your **MONTHLY INCOME** for the last **3 MONTHS**: (Pay stubs, SSI, disability, Social Security, CalWORKs, food stamp assistance (CalFRESH), student loans/ grants, unemployment insurance, pensions, child support, alimony, family assistance, or ANY other sources of income).
4. _____ A COPY of **ALL** your UTILITY BILLS for **ONE (1) MONTH** (electric, gas, water, cable, cell phone and/or landline telephone), with your name and address on the bill verifying your Santa Monica address. (Receipts are not accepted)
5. _____ A COPY of your current **SANTA MONICA RENTAL AGREEMENT/lease**, or mortgage payment statement, property tax statement or "*Notification of Rent Increase*" letter from the property owner, or a current letter from the *Santa Monica Housing Authority "Section 8."* You **MUST** be a resident of Santa Monica and submit a rental agreement with your name and your landlord's name and telephone number on the agreement showing how much rent you pay each month. Rental receipts are not accepted as verification of your residence).
6. _____ A COPY of your **CALIFORNIA DRIVER'S LICENSE** or **CALIFORNIA I.D. card**. *****All applicants' driver's licenses or ID cards MUST show your current Santa Monica address.*****
7. _____ A COPY of your **CHECKING AND SAVINGS ACCOUNTS** for the last **THREE (3) months** showing deposits and withdrawals.

SANTA MONICA FAMILY YMCA

Financial Assistance Application

~ Incomplete applications will be denied ~

Date Returned: _____

Staff Initials: _____

NAME OF

PRIMARY APPLICANT: _____ Date of Birth: ___/___/___ Age: ___ Sex: M F

Marital Status: Single Married Divorced Legally Separated Widowed Domestic Partner

How did you hear about the Santa Monica Family YMCA Financial Aid Program: _____

Current Employer: _____ Occupation: _____

Previous Employer: _____ Occupation: _____

SECONDARY

APPLICANT (adult): _____ Date of Birth: ___/___/___ Age: ___ Sex: M F

Relationship to Primary Applicant: _____

Current Employer: _____ Occupation: _____

Dependent Children:

Name: _____ Date of Birth: ___/___/___ Age: ___ Sex: M F

Name: _____ Date of Birth: ___/___/___ Age: ___ Sex: M F

Name: _____ Date of Birth: ___/___/___ Age: ___ Sex: M F

Name: _____ Date of Birth: ___/___/___ Age: ___ Sex: M F

HOUSEHOLD INFORMATION:

Total number of persons in your household:

Address: _____ **Zip Code:** _____

Phone Number: Home: (____) _____ **Work:** (____) _____ ext. _____ **Cell:** (____) _____

E-Mail: _____

Other individuals living in your household NOT applying for membership (i.e. relatives, roommates, etc.)

Name: _____ Age: _____ Sex: M F Relationship: _____

Name: _____ Age: _____ Sex: M F Relationship: _____

INCOME INFORMATION:

Provide your MONTHLY INCOME information for everyone, (i.e., family members & roommates) residing in the household: (Household is defined as a group of individuals who are living as one economic unit and sharing living expenses).

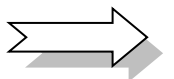
Wages (Salario): \$ _____ Unemployment Benefits: \$ _____ CalWORKs: \$ _____

Alimony: \$ _____ Child Support: \$ _____ Veteran's Benefits: \$ _____

CalFresh: \$ _____ Social Security: \$ _____ Family Assistance: \$ _____

Pensions: \$ _____ SSI: \$ _____ Student Loans/Grants: \$ _____

ANY other financial assistance (please explain) \$ _____



EXPENSE INFORMATION:

List **ALL MONTHLY** expenses in the following categories:

Utilities: \$ _____	Child Care: \$ _____	Rent/Mortgage: \$ _____
Food: \$ _____	Education: \$ _____	Health/Medical: \$ _____
Car Payment: \$ _____	Insurance: \$ _____	Transportation: \$ _____
Car Make: _____	Year/Model: _____	Other Expenses: \$ _____

Provide information that should be considered by the Santa Monica Family YMCA Financial Aid Department in approving your application for membership:

Have you ever been a member of the *Santa Monica Family YMCA*? NO YES if yes, when? _____

I understand that this application is a legal document and certify that the information on this form is true and correct to the best of my knowledge. I authorize the YMCA to verify the above information and understand that the falsification of information shall be grounds for disqualification and/or termination from the financial assistance program.

_____ Signature of Primary Applicant	_____ Date	_____ Signature of Secondary Applicant	_____ Date
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PARTICIPANT DEMOGRAPHIC INFORMATION:

The following questions are asked for research purposes only and will NOT affect your eligibility for the financial assistance program.

Ethnic Background of Participants:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> African American/Black American |
| <input type="checkbox"/> Latino | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other: _____ |

Family Support:

- | | |
|---|--|
| <input type="checkbox"/> Female Head of Household | |
| <input type="checkbox"/> Male Head of Household | |
| <input type="checkbox"/> Joint Head of Household | |
| Is the primary applicant head of household? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Veteran Status:

- | | |
|--|--|
| Is there a veteran in the house? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, are they a Vietnam Veteran? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, are they an Iraq or Afghanistan Veteran? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are they receiving Veteran's benefits? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Other:

- | | |
|---|--|
| There are other members of my household who have a source of income: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I am divorced/legally separated and do not receive child/spousal support of any kind: | Yes <input type="checkbox"/> No <input type="checkbox"/> |