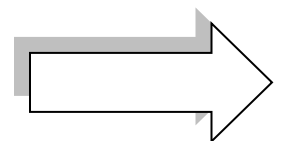


# SANTA MONICA FAMILY YMCA

## 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 are 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, roommates, etc. *(Only one financial aid application per household will be accepted).*
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, contact us at [fap@ymcasm.org](mailto:fap@ymcasm.org) or (310) 393-2721, ext. 104.*



Updated: 2.22.2022

# 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).*

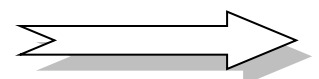
Wages (Salario): \$ \_\_\_\_\_ Unemployment Benefits: \$ \_\_\_\_\_ CalWORKs: \$ \_\_\_\_\_

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:**

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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:

- Female Head of Household
- Male Head of Household
- Joint Head of Household

Is the primary applicant head of household?                      Yes                       No

Veteran Status:

- Is there a veteran in the house?                                      Yes                       No
- If yes, are they a Vietnam Veteran?                                Yes                       No
- If yes, are they an Iraq or Afghanistan Veteran?                Yes                       No
- Are they receiving Veteran's benefits?                              Yes                       No

Other:

- There are other members of my household who have a source of income:                                      Yes                       No
- I am divorced/legally separated and do not receive child/spousal support of any kind:                                      Yes                       No