

# YMCA of Kingston and Ulster County 2012

**Return to:**

507 Broadway Kingston, NY 12401  
845.338.3810

**FINANCIAL ASSISTANCE APPLICATION MUST BE SUBMITTED WITH CAMPER APPLICATION AND NON-RETURNABLE COPIES FROM DOCUMENTATION OF INCOME LIST BELOW.**

The YMCA is committed to serving families regardless of their economic status.

**Acceptable Proof of Income:** Three consecutive COPIES of pay stubs, IRS and State Tax Returns, Social Security Award Letter, SSI & Disability Award Letters, Public Assistance Print Out, Food Stamp Authorization Letter, Worker's Comp Award Letter, Pension Statement, and/or other sources of income for all household members.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Guardian's Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Day time Phone #:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Total number of legal dependants in household:** \_\_\_\_\_

**Name of other Guardian living in Household:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

List All Household Family Members Below:

<u>Family Member</u>	<u>Age/Grade</u>	<u>Relationship</u>	<u>Family Member</u>	<u>Age/Grade</u>	<u>Relationship</u>
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**FAMILY INCOME**– Do you receive Child/ Day Care Subsidy from Dept. of Social Services?  YES  NO

Dept. of Social Services Case Worker & Phone Number: \_\_\_\_\_

Wages \$ \_\_\_\_\_ / Month    Public Assistance \$ \_\_\_\_\_ /Month    Social Security \$ \_\_\_\_\_ /Month

Child Support \$ \_\_\_\_\_ / Month    Disability \$ \_\_\_\_\_ / Month    Food Stamps \$ \_\_\_\_\_ /Month

Alimony \$ \_\_\_\_\_ / Month    Unemp. Comp \$ \_\_\_\_\_ / Month    Worker's Comp \$ \_\_\_\_\_ /Month

Pension \$ \_\_\_\_\_ / Month    Rent Subsidy \$ \_\_\_\_\_ /Month    Other (describe) \_\_\_\_\_ \$ \_\_\_\_\_ / Month

**Total Annual Family Household Income: \$ \_\_\_\_\_ (MUST BE COMPLETED OR IT WILL BE RETURNED)**

List any extraordinary circumstances or expenses (i.e. medical expenses/problems, etc.) \_\_\_\_\_

I am applying for Financial Assistance because I need childcare in order to be able to work. (Y/N) \_\_\_\_\_

**The following is optional and used only for demographic reports to funding agencies. No names or addresses are used.**

Ethnicity: Asian \_\_\_ Hispanic/Latino \_\_\_ African American \_\_\_ Caucasian \_\_\_ Native American \_\_\_ Other \_\_\_\_\_

I certify that the answers above are, to the best of my knowledge, true and correct. I have also not knowingly withheld any facts or circumstances. I understand that membership and program privileges may be terminated if any of the information is found to be incorrect, and that I may be prosecuted for fraud. I authorize the release of the above and attached information for eligibility determination purposes.

Signature of Applicant (if under age 18, parent or legal guardian signature)

Date

**PLEASE CHECK THE SITE YOU ARE APPLYING FOR:**

**Site:** \_\_\_ YMCA \_\_\_ Anna Devine \_\_\_ New Paltz \_\_\_ Highland \_\_\_ Marlboro \_\_\_ Ellenville

\_\_\_ Camp Wiltmeet \_\_\_ Camp Seewackamano

**Office Use Only:** Date rcvd: \_\_\_\_\_ Form Complete: **Y- N** Awarded: \_\_\_\_\_ Contract Mailed: \_\_\_\_\_ Initials: \_\_\_\_\_