



# DENNY PRICE FAMILY YMCA OF ENID, OK Financial Assistance Application

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

The Denny Price Family YMCA of Enid, Oklahoma strives to make our health, wellness, and family building programs available for all people, regardless of financial status. All scholarships are based on family size and income and awarded on a sliding scale.

Proof of income is required for all adults in household. Proof of dependency is required for all children to be on membership. Financially assisted memberships must be reviewed on a semi-annual basis.

### Type of Scholarship Applying for:

- Membership: Youth / Teen / Adult / Single Parent / Household
- Program: \_\_\_\_\_

## SECTION A – General Information

First Adult

Legal First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
(For YMCA communication only – Award Letters are sent via email)

( ) Male ( ) Female Date of Birth \_\_\_/\_\_\_/\_\_\_

Second Adult

Legal First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Email address \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
(For YMCA communication only)

( ) Male ( ) Female Date of Birth \_\_\_/\_\_\_/\_\_\_

How many adults are in your household? \_\_\_\_\_ How many dependents? \_\_\_\_\_ What is a monthly amount you can afford? \_\_\_\_\_

## SECTION B – Income Documentation

Do you receive any of the following?

- Child support or alimony (Bring award letter or bank statement showing income/expense)
- Government assistance support (Proof of cash benefits, grants, FIP, TANF)
- Monthly SSI or SSDI (Bring award letter - [www.ssa.gov](http://www.ssa.gov))
- Pension or retirement (Bring award letter)
- Weekly unemployment (Bring unemployment statement)
- Other financial support (See income verification guidelines for help)

## SECTION C – Dependent Information

List all DEPENDENT(s) in the household

Full Legal Name (First, MI, Last)	Gender:	Birth Date:	Relationship to Applicant
1. _____	( ) M ( ) F	___/___/___	_____
2. _____	( ) M ( ) F	___/___/___	_____
3. _____	( ) M ( ) F	___/___/___	_____
4. _____	( ) M ( ) F	___/___/___	_____
5. _____	( ) M ( ) F	___/___/___	_____

Dependent documentation supplied: \_\_\_\_\_ | \_\_\_\_\_ # of dependents

For Back-A-Youth scholarships, the parent or guardian MUST sign membership application acknowledging that they have read and agree to the waiver, unless applicant is over 18.

A YMCA Back-A-Youth membership is a privilege that bears a responsibility, a promise to obey YMCA policies and rules. Membership can be stopped at any time due to unsatisfactory behavior.

By signing, you agree that all the information is correct, complete and accurate. All supporting documents must be supplied for application to be reviewed for processing.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION D - Circumstances (not required but helpful in determining need for assistance)**

Please use the space below to explain any extenuating circumstances, if any, that you feel should be considered and reasons for requesting financial assistance for YMCA membership and programs. This information is helpful to the director in determining need.

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**SECTION D - Staff Use Only**

Income	Monthly Adult 1	Monthly Adult 2
Employment	\$	\$
Unemployment <i>Use amount of benefit left as annual</i>	\$	\$
Self-Employment <i>Amount earned after business expenses = annual income</i>	\$	\$
SS/SS Disability <i>After deductions not including a dependent's SS or SSDI</i>	\$	\$
Pension/Retirement	\$	\$
Child Support (+ if receiving / - if paying)	\$	\$
Spousal Support (+ if receiving / - if paying)	\$	\$
Government cash benefits (FIP/TANF)	\$	\$
Untaxed Income/Odd jobs	\$	\$
Misc./Other (i.e.: School loan income)	\$	\$
<b>Total Monthly Income</b>	\$	\$
<b>Combined Household Monthly Income</b>	\$	

Scholarship Rate Awarded: \_\_\_\_\_ %      Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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## DENNY PRICE FAMILY YMCA OF ENID, OK

### FINANCIAL ASSISTANCE – INCOME VERIFICATION GUIDELINES

Income must be provided for each adult on the membership; children may be counted as dependents until age 24, but parent/guardian must maintain proof of dependency. Bring all applicable documentation to submit with your application within 30 days of your membership start date. If we have not received your application by the 30 day deadline, your membership rate will reflect the full regular membership rate.

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#### INCOME AND DEPENDENT VERIFICATION –

**Provide a copy of the most recent federal tax return document OR DHS award letter that indicates gross earned income and proof of dependents.**

\*Applicants who do not have their federal tax return may go to the IRS office and receive a free statement that verifies they have filed their return as required by law or visit [www.irs.gov](http://www.irs.gov) for a PDF of official filing. If all dependents were not listed, bring in other documentation listed below.

**OR**

**Provide verification on all applicable sources of income and provide documentation for any other assistance you receive:**

1. 2 Pay Stubs for each working adult that are current and consecutive
2. Pensions or Retirement
3. Bank statements that show income source (minimum of 3 months)
4. Social Security Income (SSI) or Social Security Disability Income (SSDI)– [www.ssa.gov](http://www.ssa.gov) and you can create an account and print your letter and see last year's record income
5. Self-Employed: 1040 income on Schedule C or quarterly income statements.
6. Letter of Termination from employer
7. Unemployment Statement
8. Cash benefit Government Assistance: TANF, grants, FIP
9. Child Support Income & Alimony payments/deductions
10. Letter of Financial Statement from an organization that has knowledge of the applicant's financial support status, household size and situation. Must be on official letterhead. Example: low-income housing property manager.
11. Student loan living expense portion

If there is not current income verification, zero income, negative income, or not approved documentation of income, a financial assistance award cannot be processed.

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#### PROOF OF DEPENDENT(S)

**Provide a minimum of 1 document of dependent verification:**

1. Dependents claimed on approved 1040 federal tax return documents
  2. Free School Lunch Program Letter
  3. Social Security Income (SSI) or Social Security Disability Income (SSDI): benefit will be addressed to the parent but the child's name will be listed on the same document
  4. Government Assistance Documentation Listing Household Size (excluding assessments)
  5. Insurance letter stating who is eligible or insured with the same address listed as parent or guardian
  6. Rental or Lease agreement with child's name listed on the lease as living in the household
  7. Child Support Statement showing how much they are paying out, receiving, or showing 50% custody.
  8. Report card from school with parent or guardian and child's name present
  9. Transfer of Parental Rights notarized or legal document
  10. Custody Agreement legal documentation or a signed document from a mediator
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#### SPECIAL CIRCUMSTANCES DOCUMENTATION

You may bring in documentation related to your expense situation in addition to your income verification if you believe your expenses are extraordinary: ex> high medical expense, dependent care, elderly care, funeral expenses, legal expenses, etc.

Written expense explanations will not be accepted.