



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

PROGRAM ASSISTANCE APPLICATION

Information must be complete and ALL documents attached before request can be processed. Assistance for 25% -50% of program cost is available and must be renewed annually.

First Name: _____ MI: _____ Last Name: _____
 Date of Birth: ____/____/____ Primary Phone: _____
 Employer: _____

1. HOUSEHOLD — Please list EVERYONE residing in your household. Note: Only dependents— biological children or children legally adopted and claimed on federal taxes—qualify as dependents. Children 18 years & older are considered dependents only if they are full-time students AND were claimed on your last federal income taxes.

2. INCOME — Proof of all sources of income for the entire household is required for this application to be processed.

Total Monthly Income (for all adults in household)	1st ADULT	2ND ADULT	3RD ADULT
GROSS WAGES (before taxes)	\$	\$	\$
UNEMPLOYMENT	\$	\$	\$
FOOD ASSISTANCE	\$	\$	\$
CHILD SUPPORT/ALIMONY	\$	\$	\$
SOCIAL SECURITY FIP/SSI	\$	\$	\$
OTHER (please explain):	\$	\$	\$
SUB TOTAL	\$	\$	\$
TOTAL INCOME (all sources)	\$		
INCOME TAX GROSS INCOME (form 1040, line 15)	\$		

3. PROOF OF INCOME —For the income listed and claimed above, attach all applicable documents:

REQUIRED Most recent Federal Tax Return or Verification of Non Filing.

REQUIRED One month of the most recent pay stubs from all employers for all employees 18 and older in Household.

OR Verification from Iowa, Nebraska, or South Dakota Workforce Development if not working. Statements/ Letters stating that all other assistance received: food assistance, unemployment, Social Security, child support, alimony, FIP, etc. (not optional if applicable).

4. FAILURE TO MEET REQUIREMENTS — SUSPENSION OF ASSISTANCE Failure to meet any of the above requirements within the specified time will result in the automatic suspension of Program Assistance and the participant will be charged the full rate of their program type the next billing period immediately following the missed requirement. If the requirements are met during that month/billing cycle, Program Assistance will automatically be reinstated the next billing period. Continuing violations of any of the requirements may result in ineligibility for Program Assistance.

5. RENEWAL — Program Assistance is renewed annually and those receiving Program Assistance are required to provide documentation to demonstrate their continued eligibility each May. Failure to meet the renewal deadline will result in the automatic suspension of Program Assistance until such time as all documentation is provided and approved.

By signing below, I confirm that I have provided all required information, that all of the information provided is true and correct to the best of my knowledge, and that I give my permission to the Norm Waitt Sr. YMCA to verify any of the information I have provided. I understand that if I knowingly provide and false information, my Program Assistance will cease immediately and I may be responsible for repaying any assistance that I may have already received.

I understand that Program Assistance is valid for one year only, must be renewed each year and that I must meet Program Assistance Requirements set out above. If I fail to meet any of these requirements, I understand that my program rate will resume to the current full program rate.

Applicant Initial

Staff Initial

Applicant Signature

Current Date

FOR OFFICE USE ONLY

Date Received: __/__/__

Approved (circle one):

Staff Initials:

Date Received: __/__/__

25% or 50%