



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# OPEN DOORS FOR ALL

## Financial Assistance Application and Process

The YMCA of Metropolitan Denver believes everyone should have the opportunity to participate in YMCA membership and programs regardless of their ability to pay. We provide Financial Assistance to the extent possible to those in need through the generosity of our donors. Proof of income is required and eligibility is determined by comparing gross annual household income to the US Department of Health and Human Services Poverty Guidelines.

### HOW TO APPLY

1. **Fill out application** on reverse side of this page
2. **Provide copies of verification documentation** (do not send originals)
3. **Submit or mail** completed forms with documentation to your local YMCA, please allow two-four weeks for processing
  - **Before & After School, Summer Day Camp & Early Childhood Education (Pre-school)**, applications are accepted ONLY at the Susan M. Duncan YMCA, 6350 Eldridge St. / Arvada, CO 80004 / 303 422 4977 **OR** the Schlessman Program Center at 2625 S. Colorado Blvd., Denver, CO 80222 / 720 524 2792
  - **Aurora YMCA**, 27151 E. Lakeview Dr., Aurora, CO 80016 / 720 870 2221
  - **Downtown Denver YMCA** 25 E. 16th Ave. #B / Denver, CO 80202 / 303 861 8300
  - **Susan M. Duncan Family YMCA** 6350 Eldridge St. / Arvada, CO 80004 / 303 422 4977
  - **Littleton Family YMCA** 11 W. Dry Creek Ct. / Littleton, CO 80120 / 303 797 9622
  - **Schlessman Family YMCA** 3901 E. Yale Ave. / Denver, CO 80210 / 720 524 2750
  - **Southwest Family YMCA** 5181 W. Kenyon Ave. / Denver, CO 80236 / 303 761 7530

### ACCEPTABLE DOCUMENTATION

Listed below are examples of the documentation the Y accepts to verify the need for financial assistance. If you do not have these documents please ask YMCA staff for additional options. Please provide copies only.

**ALL INFORMATION IS CONFIDENTIAL AND WILL NOT BE SHARED.**

#### INCOME & FINANCIAL SUPPORT DOCUMENTATION

Provide a minimum of **2 forms of income verification:**

- Tax returns
- Pay Stubs for each working adult (4 weeks)
- Bank Statements that show income source (min. of 3 months)
- Social Security Income (SSI) / Disability Income (SSDI)
- Government Assistance (MFIP)
- Unemployment Statement

#### PROOF OF DEPENDENT(S)

Provide a minimum of **1 document**

- Free school lunch program letter
- Social Security Income (SSI) / Disability Income (SSDI)
- Government assistance documentation listing household size
- Child Support Statement
- Custody, adoption, foster care documentation or transfer of parental rights notarized

### DOCUMENTATION RESOURCES

- Social Security Office at (800) 772-1213 or TTY (800) 325-0778 or [www.ssa.gov](http://www.ssa.gov)
- Colorado Dept. of Labor and Employment: <https://myui.coworkforce.com/Welcome>
- IRS: [www.irs.gov](http://www.irs.gov) or (800) 829-1040 for PDF of official taxes. Handwritten taxes will not be accepted
- Colorado Food Programs: <http://www.benefits.gov/benefits/benefit-details/1580>
- Colorado Childcare Assistance Program: <http://www.coloradoofficeofearlychildhood.com>

<b>FOR YMCA USE</b>	<input type="checkbox"/> <b>APPROVAL #1:</b>		<input type="checkbox"/> <b>APPROVAL #2 (EXEC. DIR.):</b>		<input type="checkbox"/> <b>DISSAPPROVED</b>	
	Date:	Intials:	Date:	Intials:	Date:	
	Percentage of scholarship off <b>MEMBERSHIP:</b>		Percentage of scholarship off <b>PROGRAMS:</b>		Intials:	
Percentage of scholarship off for <b>CHILD CARE:</b>		ECE:	Day Camp:	B&A:		

# FINANCIAL ASSISTANCE REQUEST FOR

**CONFIDENTIAL**

Membership    Programs (Swim lessons, sports, etc.)    Before & After School Care, Day Camp or Early Childhood Education (pre-school)

Adult/Guardian	Birthdate
Address, City, Zip	
Home Phone	Cell Phone
Email	

**All Persons Living in Household**    Verified by YMCA staff

Additional Adult	Birth Date
Child Name:	Birth Date
Child Name:	Birth Date
Child Name:	Birth Date
Child Name:	Birth Date

Other adults and their ages: \_\_\_\_\_  
 Other dependents and their ages: \_\_\_\_\_

**Documented Household Yearly Income & Financial Support (earnings before deductions)**  
 \*see reverse side for acceptable forms of documentation

**Did you file taxes?**    Yes    No   (Note: this info will not be shared)

**Total Household Gross Income listed on taxes**  
 [On Tax Form: 1040-line 22 + 20a, 1040A-line 15, 1040EZ-line 4]   \$ \_\_\_\_\_

<b>First Adult Weekly Average Earnings (include all jobs):</b> \$ _____	x 52 weeks =	\$ _____
<b>Other Adult(s) Weekly Earnings (include all jobs):</b> \$ _____	x 52 weeks =	\$ _____

**Do You Receive Any of the Following:**

Child Support or Alimony?	\$ _____	x 12 months =	\$ _____
Government Assistance Support?	\$ _____	x 12 months =	\$ _____
S.S.I., pension/retirement?	\$ _____	x 12 months =	\$ _____
Weekly unemployment?	\$ _____	x 12 months =	\$ _____
Do you receive any other income?	\$ _____	x 12 months =	\$ _____

**If yes, what is the source of income:** \_\_\_\_\_

**Total Yearly Gross Income & Financial Support**    Household income verified by YMCA staff   \$ \_\_\_\_\_

Does the above information accurately reflect your yearly income?    Yes    No   If not, please attach additional information on separate page

**CHILD CARE**

**ONLY Before & After School, Day Camp and Early Childhood Education (pre-school) Applicants**

- Financial aid for child care is awarded only if the adult(s) in the home are working during the day or if parent(s) are students (proof of enrollment is needed)
- Applicants for child care need to reapply prior to the start of the fall school year. Applicants for day camp need to reapply prior to the beginning of the program.

Number of Children Needing Care	Location Preference	Number of weeks or months requesting
Do you qualify for CCAP (Colorado Childcare Assistance Program) <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, provide case # _____		
Case Worker's Name	Ph. # _____	

By signing this form, I certify that the information provided to the YMCA is true and all income is reported. I also acknowledge it is necessary to notify the YMCA of any change in my income or financial support.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_