Northern Berkshire YMCA Y-Aid Application

Return to:
22 Brickyard Court
North Adams MA 01247

FINANCIAL ASSISTANCE APPLICATION MUST BE SUBMITTED
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.

Name: _____Date of Birth: _____

Social Security #: _____
Address: _____ City:_____ Zip:_____
Day time Phone #: _____ Home Phone #: _____
Employer: _____ Total number of legal dependants in household: _____
Name of other Guardian living in Household: _____ Relationship: _____
_

Please circle type of membership and/or program you are interested:

Family Single Parent Family Individual Youth Program Camp Childcare

List All Household Family Members Below:

Family Member	Age/Grade	Relationship	Family Member	Age/Grade	Relationship

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

Office Use Only: Date rvcd:_____ Form Complete: **Y- N** Awarded: _____ Contract Mailed:_____ Initals:_____