



**YMCA of the Twin Tiers  
FINANCIAL ASSISTANCE APPLICATION**

Financial assistance is available for families that do not meet the subsidized child care income guidelines. All applications must be submitted with paystubs (month) and/or work/class schedules. Any changes in income or schedules must be submitted with a new application. Financial assistance is only available for full time child care.

I am applying for: **Child Care Center (6 weeks-5years)** \_\_\_\_\_ **School Age (school name):** \_\_\_\_\_

**APPLICANT INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Employer \_\_\_\_\_ Employment Status (full or part time) \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Hourly Wage \$ \_\_\_\_\_ Annual Income \$ \_\_\_\_\_ # of Dependents (all persons living in household) \_\_\_\_\_

**List Names and Ages of all dependents, children and adults, living in your household (Subsidized child care income guidelines on back)**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

**SPOUSE OR OTHER WAGE EARNER INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Employer \_\_\_\_\_ Employment Status (full or part time) \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Hourly Wage \$ \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

MONTHLY FAMILY INCOME:	MONTHLY FAMILY EXPENSES:	STAFF USE ONLY:
Household Wages:	Rent/Mortgage:	Total Monthly Income:
Worker's Comp:	Food:	Total Monthly Expenses:
Food Stamps:	Transportation:	Scholarship %:
Child Support :	Current Child Care Amount:	Scholarship rate/month:
All other Income:	Medical:	Branch approved:
Social Security/SSI:	Utilities:	Program:
Unemployment:	All Other:	Comment:
<b>Total:</b>	<b>Total:</b>	

**AMOUNT I CAN PAY TOWARD THIS PROGRAM:** \$ \_\_\_\_\_ (must be completed; all applicants are asked to pay their fair share)

Are you a Y Member? \_\_\_Yes \_\_\_No If no, are you interested in becoming a member: \_\_\_\_\_

List any special circumstances that you feel should be taken into consideration during the application review:

**In completing this application and signing it, I certify that the information supplied herein is true, accurate and complete to the best of my knowledge and I grant the Y permission to verify information contained herein. If any changes in income or schedules change, it is my responsibility to let the Director know of the changes.**

Signature of Applicant (parent or guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_