

## HOW TO USE THIS FORM

1. Complete the YMCA of the Twin Tiers Financial Assistance Application on the reverse side of this brochure.
2. Attach a copy of all necessary documentation showing proof of income.
3. Return this form and all documentation to the appropriate branch of the Y.

## WHAT HAPPENS NEXT?

- Processing of this form may take up to two weeks. Any outstanding balances must be paid prior to approval.
- When forms are processed, the Y will contact you by telephone or e-mail to verify your application has been approved.
- Bring photo identification for all adult family members and be prepared to pay the prorated membership amount upon sign-up.
- Membership is paid by monthly bankdraft through a checking/savings account or credit card. Please bring a voided check or your credit card with you upon sign-up.
- Once all paperwork is completed, you and any family members will get your picture taken, receive a membership card and adults will set up a Wellness Appointment to meet with a personal trainer to get you started on your new healthy lifestyle.

## YMCA OF THE TWIN TIERS FINANCIAL ASSISTANCE POLICY

Everyone is welcome at the Y. Financial assistance is available; however everyone is expected to pay their fair share.

Funds for financial assistance have been made available by generous contributions of friends and members of the Olean, Bradford, and Wellsville YMCAs through their Annual Campaigns and by the United Way of Olean and the United Way of the Bradford Area, Inc.

## FINANCIAL ASSISTANCE IS TEMPORARY

The YMCA of the Twin Tiers recognizes that from time to time, people may need some financial help. Financial assistance is intended to be temporary. You will be notified by mail to provide updated income and household information to reapply. As need for assistance decreases, it is expected that your share of payment will increase accordingly.

## PROGRAM ASSISTANCE

Financial Assistance is available for Y programs such as child care and youth sports. Please indicate the program you are applying for on the application form.

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Your membership is good at three locations:

**Bradford Family YMCA**  
59 Boylston Street  
Bradford PA, 16701  
(814) 368-6101

**Wellsville Family YMCA**  
194 N. Main Street  
Wellsville NY, 14895  
(585) 593-3246

**Olean Family YMCA**  
1101 Wayne Street  
Olean, NY 14760  
(716) 373-2400

[www.yourymca.org](http://www.yourymca.org)



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WE'RE HERE TO HELP



## FINANCIAL ASSISTANCE PROGRAM

## YMCA OF THE TWIN TIERS



**YMCA OF THE TWIN TIERS**  
**FINANCIAL ASSISTANCE APPLICATION**

Home branch applying for:

\_\_\_ Bradford Family YMCA

\_\_\_ Olean Family YMCA

\_\_\_ Wellsville Family YMCA

Application must be filled out completely. Please print clearly and include all required paperwork.

I am applying for: (please circle) Membership Child care/Camp Program \_\_\_\_\_

Membership type applying for: \_\_\_ Student \_\_\_ Young Adult \_\_\_ Adult \_\_\_ Adult Couple  
 \_\_\_ Single Parent Family \_\_\_ Family \_\_\_ Senior \_\_\_ Senior Couple

**APPLICANT INFORMATION**

**ALL PERSONS LIVING IN THIS HOUSEHOLD**

Name \_\_\_\_\_

Adult \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Email \_\_\_\_\_

Adult \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Child \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Employer \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Employment Status ( Full or Part Time) \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Hourly Wage \$ \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Other dependent \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

**SPOUSE OR OTHER WAGE EARNER**

Name \_\_\_\_\_ Employer \_\_\_\_\_ Employment Status (Full or Part Time) \_\_\_\_\_

Hourly wage \$ \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

TOTAL HOUSEHOLD MONTHLY INCOME		SUBMIT THE FOLLOWING DOCUMENTATION FOR CONSIDERATION	
\$ _____ Household Wages		(1) 1040 Federal Tax Form for all incomes in household OR (2) Two(2) Most recent pay stubs for all incomes in household or SSI/D statement of benefits OR (3) Most recent bank statement NOTE: Documentation MUST accompany application to be considered for assistance.	
\$ _____ Worker's Comp	\$ _____ Social Security		
\$ _____ Food Stamps	\$ _____ Unemployment		
\$ _____ Child Support	\$ _____ All Other Income		
<b>\$ _____ TOTAL MONTHLY INCOME</b>			

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

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.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_/\_\_\_/\_\_\_  
 Date

<b>FOR OFFICE USE ONLY</b>	Staff Receiving _____	Date ___/___/___	Annual Household Income \$ _____
( ) Tax Form Attached	( ) Pay Stubs or SS Statement	( ) Other income verification	Level of Scholarship Approved _____