

FINANCIAL ASSISTANCE YMCA OF CUMBERLAND, MD

The mission of the Cumberland YMCA is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all. Through the generosity of our members, staff, and community, we are able to provide financial assistance for kids and families who need us most. We want to help people of all ages and from all walks of life be more healthy, confident, connected, and secure.

To apply for financial assistance, please review the following requirements, fill out the application on the back, and include the required documentation.

Application Requirements:

- Applicants must fill out the Financial Assistance Application and provide verification of all income and/or assistance received. Applications are kept confidential.
- Applicants must work or reside in the Cumberland YMCA service area.
- Assistance may be granted on the basic financial need such as low income, number of dependents, extenuating circumstances, etc.
- The YMCA believes a sense of ownership and pride is developed if the financial assistance recipient has
 contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of
 the membership or program.
 - Foster parents must submit proof of household income along with assistance granted for the foster child.
 - The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.
 - Applicants applying for a household membership will need to provide verification of income for all adults in the household.
 - Some programs are not eligible for Financial Assistance.

Why do I have to provide so much information?

As a 501c3, the Y takes financial management seriously. We raise approximately \$90,000 every year to provide financial aid to our members and participants, providing financial assistance in a fair and consistent manner.







FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

YMCA OF CUMBERLAND, MD FINANCIAL ASSISTANCE APPLICATION

APPLICANT INFORMATION			
Name:	Da	ate of Birth:	
		ty:	
		none:	
E-mail:	No	New or Renewal Application:	
	SPOUSE/DOMESTIC PARTNER INFO	RMATION	
Name:	Da	ate of Birth:	
E-mail:		Phone:	
	FINANCIAL ASSISTANCE REQUE	STED	
☐ Youth Programs (Swim Lessons	s, Swim Team, Soccer, Pre-School Enrichment Programs, Da	nce, Sunday School Basketball, Youth Basketball Association)	
☐ Family Membership	\Box Youth Membership	☐ Young Adult Membership	
☐ Senior Membership	☐Adult Membership	☐ Teen Membership	
	EMPLOYMENT INFORMATIO	N	
Applicant's Employer:			
Employer's Address:	City:	State:	
Employment Status: ☐ Full Ti	me \square Part Time \square Self-employed \square U	nemployed \square Disabled \square Retired	
Work hours:	Is your Payroll: 🗆 Weekly 🗆 Bi	-weekly □ Semi-monthly □ Monthly	
Spouse/Domestic Partner Emp	oloyer:		
Employer's Address:	City:	State:	
	me \square Part Time \square Self-employed \square U		
Work hours:	Is your Payroll: 🗆 Weekly 🗆 Bi	-weekly □ Semi-monthly □ Monthly	



DE:	PENDENT'S INFORMATION	
Marital Status: Single Married Separated Divorced Widowed		
Number of Children:	Total family size:	
Name:	_ Date of Birth:	Relation:
Name:	_ Date of Birth:	Relation:
Name:	_ Date of Birth:	Relation:
Name:	_ Date of Birth:	_ Relation:

INCOME AND EXPENSES

- List income, assistance, and expenses for the ENTIRE household.
- Complete all sections, incomplete applications will not be processed.
- Documentation may be required for excessive expenses.

INCOME (MONTHLY)	ADULT #1	ADULT #2	DEPENDENTS	OTHER
Monthly Income				
Child Support (receiving)				
Alimony (receiving)				
Aid to dependent children				
SSI, Retirement, Disability				
Unemployment				
DHS Assistance (food stamps, cash, etc.)				
Other (please explain)				
Total Monthly Income				
EXPENSES (MONTHLY)	ADULT #1	ADULT #2	DEPENDENTS	OTHER
Rent/Mortgage				
Utilities				
Medical/Dental				
Tuition/College Loans				
Child Support (paying)				
,, , ,				
Alimony (paying)				
Alimony (paying) Child Care Other (please explain)				



INC	OME/EXPENSES CON	NTINUED
Number of vehicles in household?		
Vehicle Payment: □ Own □ Leased	What's the	monthly payment?
Make of vehicle:		Year:
Vehicle Payment: □ Own □ Leased	What's the	monthly payment?
Make of vehicle:		Year:
	ADDITIONAL INFORM	NATION
How do you feel having a Financial Assist	tance Membership wi	
(Additional sheet may be attached)	·	·
VERIFIC	CATION AND ACKNO	WLEDGEMENT
income and other personal information a misrepresentation will result in disqualif Cumberland, MD may ask for further ver public information (for example, social m the information is accurate to the best of this Membership unit (no exceptions). Fi annually for Financial Aid. All membership month period.	as reported on the attriction for assistance ification of personal and in the accounts and in the first my knowledge. Only nancial Aid expires at the prates will default to	erstand the YMCA of Cumberland, MD will verify tached documents. Any deliberate e. Additionally, I understand that the YMCA of and financial information based upon available sternet searches). In signing below, I attest that y applicants listed on this form are eligible on fter a 12 month period. You must reapply to the current monthly amount after the 12
Printed Name:		
*This information is for use by the YMCA	s and/or The Heritage	e roundation and will not be shared.



YMCA OF CUMBERLAND, MD REQUIRED SUPPORTING DOCUMENTATION CHECKLIST

and pay received. Letter from employer must include the employer's name, address, and phone number.	Financial Assistance Application
 and pay received. Letter from employer must include the employer's name, address, and phone number. Copy of any court ordered child support and/or alimony if applicable. Please provide the most recent End of Year Statement from the State Child Support Enforcement Agency. Copy of Unemployment Insurance Benefits, Social Security, SSI, DDI, TANF, etc., if applicable. Copy of Special Needs Trust documentation, including any financial statements, if 	
most recent End of Year Statement from the State Child Support Enforcement Agency. Copy of Unemployment Insurance Benefits, Social Security, SSI, DDI, TANF, etc., if applicable. Copy of Special Needs Trust documentation, including any financial statements, if	Copy of 2 most recent months' pay stubs or letter from employer stating hours worked and pay received. Letter from employer must include the employer's name, address, and phone number.
applicable. Copy of Special Needs Trust documentation, including any financial statements, if	Copy of any court ordered child support and/or alimony if applicable. Please provide the most recent End of Year Statement from the State Child Support Enforcement Agency.

Please be sure to include all of the above documentation, incomplete applications will not be accepted at the Welcome Center.

Note that the application process may take between 5 to 7 business days from the time that all the required documentation has been accepted.