



Outreach Financial Assistance Program

Southern Boone Area YMCA



I am a new applicant to the Outreach Program

Date of Application _____

I am reapplying to the Outreach Program

Staff Initials _____

OUTREACH ASSISTANCE – CHECK ALL THAT APPLY

Membership

Programs

Childcare

Please list the specific program _____

IMPORTANT NOTE

For your application to be processed you must provide verification of all sources of household income as requested below and fully complete this form. Incomplete applications or applications without requested documentation, or valid reason for not being completed, *will not be reviewed.*

PRIMARY MEMBER INFORMATION

Name _____ Male Female DOB ____/____/____

Home Address _____ Apt # _____

City _____ State _____ Zip _____

Cell Number _____ Cell Provider _____

May we contact you via text/email with promotions, cancellations and other information (You may opt out at a later time)? Yes No

Email _____ Additional Email _____

Marital Status (Check one) Married Divorced Widowed Single

Spouse Phone (If Applicable) _____ Discount Group _____

ALL PERSONS LIVING IN HOUSEHOLD

(Spouse, additional adults, dependents 23 years and younger, disabled dependent family member at home)

Name	DOB	Gender (Circle one)	Relation	Ethnicity (optional)
1.		Male Female		
2.		Male Female		
3.		Male Female		
4.		Male Female		
5.		Male Female		
6.		Male Female		

IN CASE OF EMERGENCY

(Please list someone not on your membership to notify)

Name _____ Relationship _____ Phone _____

EXPLAIN WHY/HOW, BESIDES FINANCIALLY, YOU WOULD BENEFIT FROM PARTICIPATING IN THE Y.

REQUIRED DOCUMENTS**(Failure to provide requested documents may result in the denial or delay of your application)**

- Most recent year's W-2 forms for all employed household members.
- Most recent year's Federal Tax Return (Form 1040 pages 1 and 2 only; or Form 1040EZ or a non-filing form).
- Copies of your last 2 paycheck stubs OR a letter from your employer stating your annual salary.
- Photo ID of all applicants 18 or older
- Total monthly income for any items listed below:

	MONTHLY TOTAL	N/A OR DO NOT RECEIVE
CHILD SUPPORT/AFDC		<input type="checkbox"/>
RENT ASSISTANCE/ HOUSING		<input type="checkbox"/>
FOOD STAMP ASSISTANCE		<input type="checkbox"/>
SOCIAL SECURITY/DISABILITY		<input type="checkbox"/>
UNEMPLOYMENT		<input type="checkbox"/>

REQUESTING NON-FILING VERIFICATION**ONLINE REQUEST**Available at irs.gov

Note: This is typically not available if you have never filed taxes before in prior years. If this is the case, use the paper request detailed below.

TELEPHONE REQUEST

Available from the IRS by calling 1-800-908-9946

Note: This is typically not available if you have never filed taxes before in prior years. If this is the case, use the paper request detailed below.

PAPER REQUEST FORM: IRS FORM 4506-T

*Best option for those who have not filed taxes in recent years. Verifications will be received within 5-10 days. Processing may take longer during tax season.

Download IRS Form 4506-T at irs.gov/pub/irs-pdf/f4506t.pdf

If you need additional help, please contact Membership Director, Faryn Griffin at 573-657-9622.

SIGNATURE

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation as requested. I understand that this financial assistance is short term and that financial eligibility is reassessed annually unless otherwise noted.

 Signature of Financially Responsible Applicant

 Date

 Printed Name of Financially Responsible Applicant

 Date

INCOMPLETE APPLICATIONS WILL BE HELD FOR NO LONGER THAN 30 DAYS. FALSIFIED APPLICATIONS WILL RESULT IN PERMANENT DENIAL OF OUTREACH SCHOLARSHIP CONSIDERATION.