



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Let Us Help!

Thank you for your interest in YMCA financial assistance. We offer financial assistance to individuals and families who are not able to pay full fees for Y memberships and/or programs.

To apply for financial assistance, please email all forms and documents to jessica.mattern@ymcaharrisburg.org.

1. Completed financial assistance application.
2. A copy of the first two pages of your most recent federal income tax return OR a copy of each adult's most recent W-2s. If you do not file federal income taxes, please call 1-800-TAX-FORM (1-800-829-1040) for a verification of non-filing or go to IRS.gov for other information.
3. Two most recent paycheck stubs OR letters from EACH ADULT'S employer verifying their employment and stating their annual salary. If unemployed, drawing social security or a full-time student, please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.

Please mark out all social security numbers, tax ID numbers and/ or credit card numbers before submitting any paperwork.

Applications must be submitted with all required documentation. Incomplete applications cannot be processed. All financial assistance is distributed on a case-by-case, first-come, first-served basis.

If you are applying for Child Care Services, please apply to Child Care Works first.
<https://www.dhs.pa.gov/Services/Children/Pages/Child-Care-Works-Program.aspx>

You will receive an email within two weeks regarding your qualification and next steps.

We look forward to serving you.

THE HARRISBURG AREA YMCA
www.YMCAHarrisburg.org



Branch Name	
Date Received	
Front Desk Initials	
All Documents Attached	Y or N
Applicants PID	

HARRISBURG AREA YMCA Financial Assistance Application

The YMCA strives to make our programs and membership available to all who will benefit from them, regardless of their ability to pay. All financial assistance is granted on a sliding scale based on income and need. All information is kept confidential, **all communication will be done via email.**

Primary Adult Applicant: _____ ☐ New Application ☐ Renewal Date _____

Name _____ Birth Date _____ Gender _____

Address _____ City/State/Zip _____

Phone # _____ ☐ Home ☐ Work Mobile # _____ ☐ Home ☐ Work

Email _____ Employer _____

Occupation _____ Length of Employment _____

Second Adult Applicant: _____ ☐ New Application ☐ Renewal

Name _____ Birth Date _____ Gender _____

Address _____ City/State/Zip _____

Phone # _____ ☐ Home ☐ Work Mobile # _____ ☐ Home ☐ Work

Email Address _____ Employer _____

Occupation _____ Length of Employment _____

Spouse and Dependents Living at Home (Please complete.)

Tax Forms must reflect those that are listed below.

Name	Employer / School	Birth Date	Gender	Relationship

Is yours a one-adult household? ☐ Yes ☐ No ☐ Not Applicable



Branch Name	
Date Received	
Front Desk Initials	
All Documents Attached	Y or N
Applicants PID	

Please share why you are applying for financial assistance. _____

Please note what Membership or Programs you are applying for, check all that apply.

Membership: ☐ Adult ☐ Family ☐ Senior ☐ Senior Couple ☐ Youth ☐ Teen ☐ College

Programs: ☐ Swim Lessons/Youth Sports ☐ Day Camp ☐ Child Care/School Readiness Program

Please itemize your gross annual household income. Documentation is required.

	Your Income	Spouse's Income	Other Income
Salary, wages and tips	\$ _____	_____	_____
Unemployment compensation	\$ _____	_____	_____
Social Security compensation	\$ _____	_____	_____
Child Support	\$ _____	_____	_____
Aid for Dependent Children	\$ _____	_____	_____
Food stamps	\$ _____	_____	_____
401(k) Retirement	\$ _____	_____	_____
Alimony	\$ _____	_____	_____
Student Income/Loans	\$ _____	_____	_____
Housing allowance	\$ _____	_____	_____
Other	\$ _____	_____	_____
Total Annual Income	\$ _____	_____	_____

Submit your completed Financial Assistance Application with the following:

1. Current year's Federal Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ)
2. Copies of your last two paycheck stubs **OR** a letter from your employer stating your annual salary
3. Copies of any supporting documentation listed in the above annual salary line items

☐ * I do not file a federal tax return based on federal government income guidelines.

Applications received without the above documentation attached will be returned unprocessed.

Acknowledgment

I am requesting assistance from the Y and I certify that all information submitted above is complete and accurate. I understand and acknowledge that as a participant in the YMCA Financial Assistance Program, I will be expected to provide proof of income every 12 MONTHS. If I do not verify information every 12 months my rate will increase to the published rate that does not require income verification. If my situation changes, I agree to notify the Y. If I submit false or inaccurate information or fail to notify the Y of a change within 30 days, I may be terminated from the YMCA Financial Assistance Program.

Signature

Date