



HELPING OTHERS

Y-Assist Fund

YMCA OF SUPERIOR CALIFORNIA

Y-Assist Application Instructions

Thank you for your interest in the YMCA of Superior California's Y-Assist program. The mission of the YMCA is to inspire all people to a healthy life – in spirit, mind and body. We do this through programs focused on youth development, healthy living and social responsibility. Y programs are available to the entire community. We strive to ensure that everyone that wants to participate is given the opportunity and that no one is turned away because of their inability to pay the cost of membership or a specific program.

Assistance from the Y-Assist Fund is based on family size and household income*. The Y-Assist Fund is provided through contributions to the YMCA's Annual Support Campaign. Awarding of Y-Assist is subject to availability of funds. Membership awards are valid for one year; after that time, you will need to complete a new form. All requests for assistance are strictly confidential.

***Household income is defined as all income from all sources for all individuals living at the same address.**

Along with the completed Y-Assist application, please provide the following documents:

1. Two most recent paycheck stubs or other proof of income from the applicant and all adults in the household. Attach proof of assistance if unemployed.
2. Most recent tax return for each adult in the household.

Please Note: Applications without documentation cannot be processed.

Review of your application will take up to 14 business days. You will be notified by email and/or phone if you qualify. Completion of this application does not guarantee approval of financial assistance. The YMCA will decide the eligibility of each request on an individual basis.

Non-Discrimination

The YMCA of Superior California does not unlawfully discriminate and follows all National, State and Local laws. The YMCA strictly prohibits and will not tolerate any form of discrimination based on any of these attributes: race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, gender, citizenship, or sexual orientation.

The YMCA is committed to a culture of inclusion, and understands, respects and values the diversity of our community and those we serve.



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The YMCA of Superior California believes in providing membership and program services to all who desire to participate. The Y-Assist Fund, supported in part through donations to our Annual Support Campaign, provides membership and program scholarships to those in need within our available resources.

CONTACT INFORMATION:

Applicant's Name: _____

Date of Birth ____/____/____

Address: _____ Apt _____

City _____ State _____ Zip _____

Preferred Phone _____ Gender: ☐ Male ☐ Female ☐ Unspecified

Email Address (All notifications will be sent through email) _____

How did you hear about us? ☐ Referral ☐ Direct Mail ☐ Live in Area ☐ Email ☐ Former Member ☐ Social Media

DEMOGRAPHIC INFORMATION:

- ☐ American Indian or Alaska Native ☐ Asian ☐ African American ☐ Hispanic or Latino
☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ Caucasian
☐ Not Listed ☐ Rather Not Say

EMERGENCY CONTACT INFORMATION:

Emergency Contact Full Name: _____

Emergency Contact Phone: _____

REQUESTING ASSISTANCE FOR:

Membership (please select one category): * ages may vary at participating branch.

- ☐ Youth ☐ Young Adult ☐ Adult ☐ Household ☐ Senior

Program (please select all that apply):

- ☐ Youth Sports ☐ Swim Lessons ☐ Other _____

Branch (please select all that apply):

- ☐ Sacramento Central Y ☐ Capital Y ☐ Rollingwood Y ☐ Woodland Y



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LIST ALL HOUSEHOLD MEMBERS (including applicant)

<u>First Name</u>	<u>Last Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	Requesting Assistance for which Y program(s)? (Membership, Swim Lessons, Sports)
1.				
2.				
3.				
4.				
5.				

Please list and attach proof of all income

- ☐ Household Employment Income \$ _____
- ☐ Social Security (SSI) \$ _____
- ☐ CalFresh/EBT \$ _____
- ☐ Medi-Cal/Medicaid \$ _____
- ☐ Housing Aid \$ _____
- ☐ Head Start \$ _____
- ☐ Early Head Start \$ _____
- ☐ California Food Assistance Program \$ _____
- ☐ Federal Food Distribution Program on Indian Reservations \$ _____
- ☐ WIC \$ _____
- ☐ Other \$ _____

☐ I have attached a copy of my most recent household IRS 1040 Tax Form. (Find your current information at www.irs.gov/Individuals/Get-Transcript)

☐ I did not file an IRS 1040 Tax Form for the past year. (please explain)

I feel I can afford to pay \$ _____ per month for YMCA membership and/or programs.

MY TOTAL HOUSEHOLD INCOME FOR THE PAST YEAR WAS \$ _____



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Please share any additional comments about your need for Y-Assist.

Applicant Signature: _____

Date: _____

FOR YMCA USE ONLY

Date received ___/___/___ ☐ Completed Application ☐ Proof of Income ☐ 1040 Tax Form Received and Verified By (print name)

Y-Assist Awarded: ☐ Yes ☐ No

Y-Assist Amount: \$ _____

Award date from ___/___/___ to ___/___/___

Date Approved ___/___/___ Approved By: _____

Date recipient notified: ___/___/___ Date entered into

Daxko ___/___/___ (Daxko ID# _____)

Mail or Drop Off to:

YMCA OF SUPERIOR CALIFORNIA

2021 W Street, Sacramento, CA 95818

www.ymcasuperiorcal.org