



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Bucks County Financial Assistance Policy/Application

YMCA of Bucks County is a charitable, nonprofit organization committed to strengthening our communities through membership and programs that foster youth development, healthy living and social responsibility for all. The YMCA of Bucks County Board of Directors feels strongly that the YMCA is for everyone. No one will be turned away because of their inability to pay, subject to the availability of funds. Our mission is to serve the people of the Bucks County community.

Aid is not a handout, but a helping hand. The YMCA is here for people of all walks of life - when things are OK and when there are problems. Most people can afford the quality programs of the Y, and expect to pay fees out of a sense of personal responsibility. In times of need, YMCA financial assistance continues this responsibility in a partnership of assistance. Each participant will pay a part of the fees, based upon gross household income and the specific needs of the individual or family. Assistance will be granted on the basis of financial need. The YMCA reserves the right to refuse assistance to any applicant. Financial assistance is a temporary agreement extending assistance in a time of need. As the need decreases, it is expected that your share of payment will increase accordingly.

Due to a continuing rise in demand for financial assistance across Bucks County and in order to maintain the funds necessary to serve our neighbors in need, we have adjusted our financial assistance guidelines. Effective March 2019, we will be providing a maximum financial assistance of up to 50% for membership and programs and 70% for child care. Please visit our website at ymcabucks.org to view our current guidelines.

Before financial assistance is granted for our Youth Education Centers, we would need to verify if you would qualify for funding through Early Learning Resource Center (ELRC). Child Care Works is a subsidized child care program that helps low-income families pay their child care fees. The state and federal governments fund this program, which is managed by the ELRC. Please review their guidelines to determine your eligibility at dhs.pa.gov. If it appears you would qualify, submit an application to ELRC, and provide the Y with a copy of your Eligibility Letter you will receive from ELRC after they review your application.

APPLICATION PROCESS / GUIDELINES

- Allow at least 3 weeks for processing
- You will receive a letter by mail notifying you of your qualifying status. Assistance will be granted for one year. If assistance is still required after this period of time, another financial assistance application will need to be completed

Doylestown, Quakertown, Warminster: Catherine Refice, 215.348.8132 x1139 or crefice@ymcabucks.org or mail to YMCA of Bucks County, Attn: Financial Assistance, 2500 Lower State Road, Doylestown, PA 18901 or fax to 215.348.3084

Fairless Hills, Newtown: Amber Hayes, 215.949.3401, x65 or ahayes@ymcabucks.org or mail to YMCA of Bucks County, attn: Financial Assistance, 2500 Lower State Road, Doylestown, PA 18901 or fax to 215.348.3084

YMCA OF BUCKS COUNTY FINANCIAL ASSISTANCE APPLICATION
ALL PERSONAL INFORMATION WILL BE HELD IN CONFIDENCE

APPLICANT INFORMATION:

Please print legibly. Complete this application in full. Blank areas will delay processing.

Person requesting assistance (if minor, use Parent or Guardian's name):

Name: _____ Age: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (REQUIRED – this is our primary source of contact for you): _____

Daytime number in which to contact you or can leave message: _____

List yourself and all members of your family who currently live with you.
Indicate if you are requesting assistance for them.

_____ Age ____ Birth Date _____ Requesting assistance? Yes ____ No ____

_____ Age ____ Birth Date _____ Requesting assistance? Yes ____ No ____

_____ Age ____ Birth Date _____ Requesting assistance? Yes ____ No ____

_____ Age ____ Birth Date _____ Requesting assistance? Yes ____ No ____

Reason requesting financial assistance:

List all sources of MONTHLY income: *

Gross Wages/Salary _____
ATTACH THREE, MOST RECENT AND CONSECUTIVE PAYSTUBS and
ATTACH CURRENT FEDERAL INCOME TAX RETURN:
-Form 1040 with Letter Schedules if applicable (Not W-2)

Child Support/Alimony _____
ATTACH CURRENT CHILD SUPPORT/ALIMONY DOCUMENTATION

Disability/Social Security _____
ATTACH CURRENT SOCIAL SECURITY, OR DISABILITY STATEMENT

Unemployment Compensation _____
ATTACH UNEMPLOYMENT DETERMINATION DOCUMENT

Other _____
ATTACH SUPPORTING DOCUMENTATION

TOTAL GROSS Monthly Income \$ _____

List all major MONTHLY expenses:

Rent or Mortgage _____

Child Support/Alimony _____

Medical Bills _____
(NOT INCLUDING INSURANCE OR CO-PAYS)

Student Loans _____
ATTACH MONTHLY PAYMENT AND BALANCE

Other _____

TOTAL Monthly Expenses \$ _____

*** Support documentation is required before processing can start.**

I certify that the information on this application is true and complete to the best of my knowledge.
I understand that any fraudulent information will disqualify my application for consideration.

Applicant Signature

Date of Application