

Financial Information

Your Financial Assistance Application WILL NOT BE PROCESSED without documentation/verification.

Misrepresentation of your household income may result in termination of membership privileges.

Income information must be supplied for the **entire** household, even if they do not want to be listed on the membership.

If you are age 21 or younger and living at home, complete the following based on your parents' income.

Please answer the following questions as they pertain to ALL members of the household MUST PROVIDE PROOF.

1	Do you and/or household members work outside the home?	____ NO ____ YES	REQUIRED: Last 2 consecutive pay stubs for each job and worker OR current W-2 and/or copy of most current Federal Tax Return (only accepted until June of following year)
2	Are you and/or household members self-employed?	____ NO ____ YES	REQUIRED: Receipts of work performed OR copy of most current Federal Tax Return
3	Are you and/or household members unemployed and receiving unemployment compensation?	____ NO ____ YES	REQUIRED: Copy of Unemployment Compensation Statement of Account OR copy of detailed bank statement indicating regular deposit of unemployment compensation
4	Are you and/or household members unemployed and living on money in a savings account?	____ NO ____ YES	REQUIRED: Copy of detailed bank statement listing total amount in savings and 1 month's worth of transactions if any.
5	Do you and/or household members receive child or spousal support?	____ NO ____ YES	REQUIRED: Statement of child/spousal support received OR copy of detailed bank statement indicating regular deposit of child/spousal support
6	Do you and/or household members receive social security income (SSI) or social security disability income (SSDI)?	____ NO ____ YES	REQUIRED: Statement of social security benefits (obtained from local social security office) OR detailed bank statement indicating regular deposit from Social Security Administration
7	Do you and/or household members receive assistance from the county such as Food Stamps, MFIP, Grants, etc.?	____ NO ____ YES	REQUIRED: Statement from the county listing dollar amount(s) received from last month & Social Security Number: _____
8	Are you currently residing in an inpatient rehabilitation facility or halfway house? Do you live in a women's shelter?	____ NO ____ YES	REQUIRED: Official letter from facility indicating your participation.
9	Are you currently a full-time college student?	____ NO ____ YES	REQUIRED: Proof of full-time status from an educational facility, such as current class schedule, that includes your name. <i>If receiving grants or loans, must provide copy of award letter.</i>
10	Are you in foster care?	____ NO ____ YES	REQUIRED: Please list foster care provider's name and phone number: _____
11	Do you and/or household members receive any other type of income?	____ NO ____ YES	REQUIRED: Explain type of income below and provide proof. Type of Income: _____
12	Did you answer <u>NO</u> to all of the above?	____ YES ____ NO	REQUIRED: Please attach a letter stating how you support yourself/family monthly and attach proof of this support.
13	What is the size (# of people) of the household supported by the income described above? _____		

*****Primary Adult on Membership needs to bring a valid picture I.D. when turning in application ******

If applicable, please attach a note describing any extenuating circumstances or other income information not referenced above.

The information that I have provided on this form is correct and a true reflection of my financial status. I authorize Olmsted County to release public assistance information to the Rochester Area Family Y to assist them in determining eligibility for Y programs. I authorize the Rochester Area Family Y ("YMCA") to investigate and verify any and all of the information I have submitted. Because the YMCA strives to provide a safe environment for children and youth, I understand that the YMCA may order a criminal history check, and I authorize this investigation.

Applicant's Signature OR Parent/Guardian if under 18

**PUBLIC ASSISTANCE
VERIFICATION**



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Attn: Ashley Anderson
Fax: 507-287-2499
Phone: 507-287-2260 Ext. 366

The individual named below is interested in our Open Doors Financial Assistance Program, which is subsidized through our annual Strong Kids Campaign. Federal regulations require that we verify the family's income, expenses and other information. The individual has authorized a release of the requested information. The information you provide on this form will be used only for the purpose of determining the family's eligibility for the program.

A prompt response would be appreciated. If you have any questions, please feel free to contact our office at 507-287-2260 ext. 354. Thank you for your cooperation.

Applicant Name: _____ Social Security Number: _____

I authorize Olmsted County to release public assistance information to the Rochester Area Family YMCA to assist us in determining eligibility for Y program discounts.

Name X _____
Signature _____
Date

County Use Only

Current MFIP \$ _____ Food Portion \$ _____ General Assistance \$ _____ MSA \$ _____

Is the client participating in the Diversionary Workforce Program? _____

When will their 4 months be completed? _____

Family Composition: Adults: _____ Children: _____

Non-applicable member: Adults _____ Children _____

Other Income: Amount\$ _____ Source: _____

If employed or other income in household, please complete below:

<u>Month</u>	<u>Earnings</u>	<u>Childcare</u>	<u>Grant (do not include food portion)</u>
_____ for _____	_____	_____	_____
_____ for _____	_____	_____	_____
_____ for _____	_____	_____	_____

Do you expect any change in payments in the near future? Yes _____ No _____ If yes, please explain under the additional comments section.

Additional comments: (e.g., any special situations, etc.)

I certify that the information above is true and correct

Name of Person Completing Form X _____
Signature _____
Date _____
Phone Number

Name of Worker: _____ Phone Number: _____