## **\*\*ALL APPLICANTS MUST SUBMIT NEW INFORMATION ANNUALLY\*\***

FOR YOUTH DEVELOPMENT* FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY	C	<b>Community Assistance Request Form</b>			n
Couple Full Time Stude	Type: Family _ ent	Single Pare	nt Family _	Adult	SR Adult _
Name:	DO	В	Gender: M/F Phone:		
Address:	City:	9	State:	Zi	p:
Employer:	V	Vork Phone:		Email:	
Spouse:	D0	B:	Gender M/F		
Spouse Employer:		Work Pho	ne:		
Household Size: Adults	sChildren(under 24	4 or dependent fu		-	ust submit sche
Household Size: Adults African-American	sChildren(under 24	4 or dependent fu		-	ust submit sche
Household Size: Adults	sChildren(under 24	4 or dependent fu		e American	ust submit sche
Household Size: Adults African-American All Persons Living in	sChildren(under 24 AsianCaucasian	4 or dependent fu Hispanic	Native	e American	ust submit sche Other
Household Size: Adults African-American All Persons Living in	sChildren(under 24 AsianCaucasian	4 or dependent fu Hispanic	Native	e American	ust submit sche Other
Household Size: Adults African-American All Persons Living in	sChildren(under 24 AsianCaucasian	4 or dependent fu Hispanic	Native	e American	ust submit sche Other
Household Size: Adults African-American All Persons Living in	sChildren(under 24 AsianCaucasian	4 or dependent fu Hispanic	Native	e American	ust submit sche Other
Household Size: Adults African-American All Persons Living in	sChildren(under 24 AsianCaucasian	4 or dependent fu Hispanic	Native	e American	ust submit sche Other

## Required Information for Applicant's Household Important: Entire Household Income is Required

Monthly Gross Salary Wages Child Support Alimony State/Federal Aid	Applicant \$ \$ \$	Other Household \$ \$ \$ \$
Food Stamps School Loans/Grants Disability Other Income	\$ \$ \$	\$ \$ \$ \$

Required Documentation Important: Entire Household Income is Required. Submit your completed application along with: Federal Income Tax 1040 REOUIRED AND Household Income (ALL who live in home)

AND Household Income (ALL who live in ho

-two most recent check stubs

- -two most recent unemployment stubs, disability or social security statement
- -government assistance verification
- -(food stamps, foster care assistance, 3rd party childcare, HUD, etc.) -other assistance verification (child
- support, alimony, student loans, grants)

I certify that all the above information is true and complete to the best of my knowledge. Falsification of information will lead to immediate termination of assistance.

Signed \_\_\_\_

Application and Documents verified by:



Barren County Family YMCA 1 YMCA Way Glasgow, Kentucky 42141 P-270-651-9622 F-270-651-4986

## HERE FOR YOU! Barren County Family YMCA Income Based Application

- The Barren County Family YMCA is charitable, non-profit committed to helping people grow in spirit, mind and body. Through the generosity of donors, we are able to provide programs and services to those who may not otherwise be able to participate. NOTE: CHILDCARE PARENTS: You must provide a denial letter from State Assistance before consideration will be given for reduced childcare rates.
- Flexibility in fees to assure as many children, adults and families as possible can participate.
- The Barren County Family YMCA is here to serve people of all ages, backgrounds, abilities and incomes.
- We offer a sliding fee schedule designed to fit each individual's financial situations.
- This is made possible from donations given to the YMCA Giving Tuesday Annual Campaign and contributions.



For more information, contact the Barren County Family YMCA at 270-651-9622. www.barrencountyymca.org