

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

**Community Assistance Request Form**

Type: \_\_\_ Family \_\_\_ Single Parent Family \_\_\_ Adult \_\_\_SR Adult \_\_\_SR Couple \_\_\_ Full Time Student

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M/F Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender M/F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household Size: \_\_\_ Adults \_\_\_Children(under 24 or dependent full-time college student must submit schedule)

\_\_ African-American \_\_Asian \_\_Caucasian \_\_ Hispanic \_\_ Native American \_\_Other\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **All Persons Living in Household** | **Relationship** | **DOB** | **Gender** | **School/College Attending** |
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Required Information for Applicant’s Household Required Documentation

Important: Entire Household Income is Required Important: Entire Household Income is

Required. Submit your completed

Monthly Gross Applicant Other Household application along with:

Salary Wages $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ **Federal Income Tax 1040 REQUIRED**

Child Support $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ AND Household Income (ALL who live in home)

Alimony $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

State/Federal Aid $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ -two most recent check stubs

Food Stamps $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ -two most recent unemployment stubs,

School Loans/Grants $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ disability or social security statement

Disability $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ -government assistance verification

Other Income $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ -(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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application and Documents verified by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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