

YMCA Financial Assistance Program



YMCAs are for people of all genders, faiths, races, abilities, ages, and income. We believe in providing membership and program services to all that desire to participate.

Thanks to the United Way of the Midlands and the YMCA's Strong Kids Campaign, financial assistance is available for those in need within our available resources.



YMCA

We build strong kids, strong families,
strong communities.

WELCOME



The YMCA's mission:
"To put Christian
principles into practice
through programs that
build healthy spirit,
mind and body for all."

What is the YMCA's financial assistance program?

The YMCA's financial assistance program provides families in need with financial support to participate in YMCA membership and program activities.

How will the financial assistance amount be determined?

We have a sliding fee scale, based on total household income and number of dependents, which assists in determining the amount of assistance.

How long will the financial assistance continue?

The need for financial assistance is reassessed once a year.

How is confidential information handled?

Only you, the financial assistance representative and member service staff have knowledge of the financial assistance application.

How quickly can I expect to receive financial assistance?

This will depend on how fast you are able to complete the application, gather the requested documents, and return them to the YMCA. After we have received the information, you can expect a call within a week to ten days.

How do I apply?

1. Complete the Confidential Application on the next page and return it to your YMCA's member service staff.
2. Submit copies of the following documents:*
 - a) Most recent year's Federal Income Tax Form (1040 Form).
 - b) Most recent paycheck stubs to reflect one month.
3. For a non-filer of Federal Income Tax, contact the Internal Revenue Service at 1-800-829-8374 to request a letter of verification of non-filing and submit it with your financial assistance application.

***Include copies for all individuals contributing to household income.**

May I do anything in return for this assistance?

Yes! The YMCA is a volunteer organization, and children and adults are encouraged to volunteer to help earn assistance. Also, our donors appreciate knowing how their contributions are used, so submitting a short note about how you have benefited from the Financial Assistance Program would be appreciated.

YMCA of Greater Omaha Locations

Armbrust
5404 S 168th St.
Omaha, NE 68135
402-896-4200

Butler-Gast
3501 Ames Ave.
Omaha, NE 68111
402-453-8903

Council Bluffs
7 South 4th St.
Council Bluffs, IA 51503
712-322-6606

Downtown
430 S. 20th St.
Omaha, NE 68102
402-341-1600

Edmonson
4400 1/2 Fontenelle
Omaha, NE 68104
402-455-1285

Maple Street
7502 Maple St.
Omaha, NE 68134
402-393-3700

Mills County
110 Sivers Rd.
Glenwood, IA 51534
712-527-4352

Sarpy
1111 E. First St.
Papillion, NE 68046
402-339-9861

LaFern Williams South
3010 R St.
Omaha, NE 68107
402-731-3999

South/Southwest
13010 Atwood Ave.
Omaha, NE 68144
402-334-8487

Twin Rivers
6100 Twin Rivers Cir.
Valley, NE 68064
402-359-9622

Camping Services
1111 E. First St.
Papillion, NE 68046
402-339-9861

CONFIDENTIAL APPLICATION

Branch: _____

Date: _____

Financial assistance is available for those in need within the YMCA's available resources.

Please submit copies of Federal Income Tax Form (1040 Form and most recent paycheck stub to reflect one month) with this application.

APPLICANT INFORMATION

Your Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Household Size: _____ Adults _____ Children _____

Name of person(s) for whom financial assistance is being requested:

1. _____ Birthdate _____ 4. _____ Birthdate _____
2. _____ Birthdate _____ 5. _____ Birthdate _____
3. _____ Birthdate _____ 6. _____ Birthdate _____

Are you or anyone listed above currently a YMCA member? Yes No If yes, at which branch? _____

Type of membership for which you are requesting financial assistance. (Please check one):

Household Single Parent Household Adult Young Adult Youth Senior Household Senior Adult

Program(s) for which you are requesting financial assistance _____

HOUSEHOLD INCOME

Monthly gross income from all household wages and salaries Adult 1 \$ _____

Adult 2 \$ _____

Other (public assistance, child support, food stamps, social security, alimony, interest, rent assistance, etc.) \$ _____

Total Monthly Income \$ _____

What was your household's total gross income for last year? \$ _____

List any extraordinary monthly household expenses (medical, educational, alimony, loans, child support): \$ _____

Total Extraordinary Expenses \$ _____

CERTIFICATION OF NEED

Our Financial Assistance Program is made possible by countless volunteers who reach out to the community and raise money for our Strong Kids Campaign. Please explain why you would like to be considered for financial assistance at the YMCA. Also tell us what receiving financial assistance would mean to your family.

I certify that the above information is true and complete to the best of my knowledge. In addition, I understand that my/our membership privileges are subject to the same policies of a full membership.

Signed _____ Date _____