



## YMCA of Western North Carolina Financial Assistance Application/Childcare

Date \_\_\_\_\_ Child's Name: \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_ Grade: \_\_\_\_  
 Home Phone \_\_\_\_\_ Child's Name: \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_ Grade: \_\_\_\_  
 Work Phone # \_\_\_\_\_ Child's Name: \_\_\_\_\_  
 Program Site: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_ Grade: \_\_\_\_

### FINANCIAL INFORMATION

My total family income is:

Monthly \$ \_\_\_\_\_  
 Annually \$ \_\_\_\_\_

Do you receive any of the following? If so, how much PER MONTH?

AFCID \$ \_\_\_\_\_  
 Food Stamps \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 Pensions \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

The YMCA has limited resources available to provide financial assistance, and **it is a requirement** that you apply for subsidy first through Buncombe County Child Care Services (828-250-5500) or McDowell County Child Care Services (828-652-3355). **Have you applied for county vouchers? Yes / No**

\*Henderson County programs do not currently accept child care vouchers.

**In order to qualify for financial assistance for child care, parents must meet the program's guidelines. Parents must be working full-time (30 or more hours per week) or enrolled in school full-time. Failure to submit all required documentation will delay approval of application.**

Are you a single parent? Yes / No

Are you a grandparent with guardianship? Yes/ No Are you age 55 or older? Yes/ No

How many hours per week do you work? \_\_\_\_\_ Your spouse? \_\_\_\_\_

Are you a full time student? Yes / No If so, attach a copy of your full-time school schedule.

**REQUIRED: Copies of your last three paycheck stubs for you and your spouse (if applicable)**

**REQUIRED: Copy of your current tax return (1<sup>st</sup> page only / AGI)**

*How much could you possible pay per week? \$ \_\_\_\_\_*

I am aware that there is a non-refundable, non-transferable registration not covered by YMCA financial assistance.

I have completed the entire Financial Assistance application, including the "Extenuating Circumstances" (see flip side) for the YMCA to consider when reviewing my application.

I hereby acknowledge that all of the information provided on this application is true and correct.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please list any extenuating circumstances for us to consider when reviewing your application:**

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**If your child has previously received Financial Assistance, how do you feel the program has helped your child?**

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I authorize the YMCA to share my story.      Yes       No

I acknowledge that if I am offered and accept Financial Assistance, I understand that my portion of the child care program cost must be paid on time and my account must be kept current. Failure to comply with the payment policies outlined in the program handbook may jeopardize future financial assistance.

Initial \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child (ren)'s Name(s)

<p style="text-align: center;"><b>Office Use Only</b></p> <p>Previous F.A. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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