FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE

Updated: March 2025

EVERYONE IS WELCOME

The Shasta Family YMCA is committed to strengthening community through programs and activities that create a healthy spirit, mind, and body for all.

The Y provides financial assistance to help make memberships and programs more accessible to individuals and families with incomes that may not be able to afford the full cost.

Financial Assistance is made possible through the generous donations to our Annual Campaign.

COMMITTED TO OUR COMMUNITY

- Financial Assistance reduces the cost of membership and programs on a percentage basis; it does not eliminate them. Individuals who qualify will contribute toward fees to some extent.
- All applications must be completed entirely before being processed. Applications are processed within 10 business days.
- Applicants are notified via email and phone once the application is processed. To accept Financial Assistance for Membership, you must join in-person at the YMCA.
- Participants need to reapply annually. If you do not reapply by the date appointed, you will automatically be charged the current regular membership rate.
- Your membership is continuous until you provide written notice by the end of the month prior to when you want to cancel.
- If a one-month balance is accrued, you will receive a reminder to pay off that balance. If a consecutive, two-month balance is accrued without contact or attendance, your membership will be terminated and you may no longer qualify for Financial Assistance for three months.
- Falsification of application information will result in removal from Financial Assistance benefits.







Shasta Family YMCA • 1155 N. Court St, Redding CA 96001 • (530) 246-9622 • FinancialAssistance@sfymca.org

Shasta Family YMCA Financial Assistance Application

First, Middle, and Last Name: _____

Address: _____ **City:** _____ **Zip:** _____

Primary Phone: _____ **Other Phone:** _____

Email: _____

**You will be notified via email with the results of your application*

Emergency Contact Name: _____ **Emergency Contact Phone:** _____

I am applying for:

Single Membership
Couple Membership
Family Membership
Swim Lessons
Youth Programs
Camp/Child Care Location: _____

Complete information below for <u>all</u> individuals in your household, even if they will not be included on the membership:

Name (self): _____	**Date Of Birth:** _____		**Adult**	**Child**
Name: _____	**DOB:** _____	**Relation:** _____	**Adult**	**Child**
Name: _____	**DOB:** _____	**Relation:** _____	**Adult**	**Child**
Name: _____	**DOB:** _____	**Relation:** _____	**Adult**	**Child**
Name: _____	**DOB:** _____	**Relation:** _____	**Adult**	**Child**
Name: _____	**DOB:** _____	**Relation:** _____	**Adult**	**Child**
Name: _____	**DOB:** _____	**Relation:** _____	**Adult**	**Child**

Gross Income for <u>All Adults</u> (21 years+) **in Household:** Monthly Annual

Wages, salaries, tips, etc.	**$**_____	**Social Security: SSI, SSDI, SDI**	**$** _____
Child/Spousal Support	**$**_____	**Retirement/Pension**	**$**_____
Unemployment	**$**_____	**School Financial Assistance**	**$**_____
CalFresh	**$**_____	**Savings**	**$** _____
HUD Assistance	**$**_____	**Other:** _____	**$** _____

Is someone else other than someone in your household paying for your membership? **Yes** **No**

**If "yes", that individual's income needs to be listed above, not the applicants' income*

Are there circumstances that substantially impact your income and household finances?

_____

_____

_____

FOR OFFICE USE ONLY:

Income Total: $ _____ Monthly Annual | # in Household: _____ | Does Not Qualify

Qualifies for: _____% Membership; _____% Swim Lessons; _____ % Youth Programs; _____ % Camps/Child Care

Comments: _____

Processed by: _____ Date: _____