

YOUTH DEVELOPMENT SERVICES

Financial Assistance Application



Applying For: Y Club Summer Camp

Applicant Last Name Applicant First Name Phone

Street City Zip Code

Including yourself, how many persons make up your household? _____

Please provide the following information for **ALL members residing in current residence, related or not, even if they did not have any income.**

Name	Age	Employer / Sources of Income	Gross Annual Income

PROJECTED GROSS ANNUAL INCOME (before taxes or deductions) \$_____
Documentation of the income listed above must be attached to this application.

Certification

I am requesting assistance from the Y because of my personal circumstances. I acknowledge that all information submitted is true and accurate, and that this information is subject to verification by the Y. I also acknowledge that the submission of inaccurate or false information could lead to repayment of the assistance I receive through this application. If my situation changes, I agree to notify the Y. I understand my financial assistance is good for the program indicated above, and that I must re-apply each school year and each summer.

Applicant Signature Date

Fax To: 816.931.1847

FOR AGENCY USE ONLY

Approved by: _____ Date: _____

Approval Level: _____ %

SOURCES OF MONTHLY INCOME TO BE COUNTED AND DOCUMENTATION REQUIRED

SOURCES OF MONTHLY INCOME	REQUIRED DOCUMENTS Attach copy of the following:
Wages, salaries, overtime pay, fees, tips, commissions, bonuses, & other compensation for personal services (before any payroll deductions)	Copy of most recent pay stubs
Child support payments	Copy of court order
Alimony	Copy of court order
Unemployment, worker's compensation, severance pay	Copy of pay stub/docs from payor
Welfare assistance	Letter of benefits from agency
Interest, dividends and other net income of any kind from real or personal property	Bank statements
Social Security	NEW benefit amount letter from Social Security
Annuities	Monthly payment statement
Retirement Funds	Monthly payment statement
Pensions	Monthly payment statement
Insurance Policies	Monthly payment statement
Disability or Death Benefits	Letter from Social Security or other payor agency
Net income from operating a business	Most recent state quarterly tax filing

MONTHLY INCOME NOT COUNTED-No Documentation Required

- ✓ **Food stamps**
- ✓ **Income from employment of children under 18 years of age**
- ✓ **Earnings in excess of \$480 for each full-time students 18 years and older**
- ✓ **Payments for foster care**
- ✓ **Lump sum payments such as inheritances, insurance payments**
- ✓ **Payments as reimbursements for medical costs**
- ✓ **Full amount of student financial assistance paid directly to students or institutions**
- ✓ **Refunds or rebates under state or local law for property taxes**
- ✓ **Amounts paid by state agency to family with member who has a developmental disability and is living at home**