WELCOME TO ALL
Application for Financial Assistance

THE ESSENCE OF THE Y
With a commitment to nurturing the potential of kids, promoting healthy living, and fostering a sense of social responsibility, the YMCA of Southeast Ventura County ensures that everyone has access to the essentials need to learn, grow, and thrive!

EVERYONE IS WELCOME
It is the goal of the YMCA to be affordable to all. The YMCA desires that no person be turned away because they cannot afford to pay. Financial assistance is made possible by the generous donations of individuals, foundations, and businesses through our Community Support Campaign.

COMMITTED TO OUR COMMUNITY
Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive financial assistance. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

FINANCIAL ASSISTANCE POLICIES

- Financial assistance reduces the cost of membership and programs; it does not eliminate them.
- Financial assistance is typically granted for 12 months. Some programs may be approved for less than 12 months.
- The YMCA requires that individuals and families reapply annually, with updated documentation of annual income.
- Failure to turn in all required documentation will delay the application process. No credits or refunds will be given.
- If you do not reapply before the date of expiration, your membership or program fees will revert to full price.
- Membership and program fees are subject to change with a 30-day written notice.

CONEJO VALLEY YMCA
4031 N. Moorpark Road
Thousand Oaks, CA 91360
Phone: 805.523.7613
Fax: 805.523.8831
info@conejoymca.org

MILLER FAMILY YMCA
320 Via Las Brisas
Newbury Park, CA 91320
Phone: 805.480.0309
Fax: 805.480.0319
info@millerymca.org

SIMI VALLEY YMCA
3200 Cochran Street
Simi Valley, CA 93063
Phone: 805.583.5338
Fax: 805.583.5476
info@simiymca.org

TRIUNFO YMCA
31225 La Baya Drive #106
Westlake Village, CA 91362
Phone: 818.707.9622
Fax: 818.706.0282
info@triumfoymca.org
## CONTACT INFORMATION

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Gender</th>
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<th>Home Address</th>
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<th>State</th>
<th>Zip</th>
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<tr>
<th>Phone Number</th>
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<th>E-Mail Address</th>
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## HOUSEHOLD INFORMATION (Include EVERYONE in the household)

<table>
<thead>
<tr>
<th>Annual Household Salary</th>
<th>Additional Income</th>
<th>Source of Income</th>
<th>Name of Second Adult / Applicant</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td>$__________ / year</td>
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<tr>
<th>Name of Dependent</th>
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## FINANCIAL ASSISTANCE CATEGORIES

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<th>OFFICE USE</th>
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<td>FULL TIME (4 or 5 Days)</td>
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<td>PART TIME (2 or 3 Days)</td>
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<tr>
<td>HOW MANY CAMP WEEKS ENROLLING?</td>
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<td>AM CARE</td>
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## APPLICATION CHECK-LIST

- [ ] FINANCIAL ASSISTANCE APPLICATION
  Completed the information requested above.

- [ ] LETTER OF NEED / RENEWAL REFLECTION
  Attached letter explaining need for assistance.

- [ ] MONTHLY CHILD SUPPORT ______________

- [ ] DOCUMENTATION OF HOUSEHOLD INCOME
  Attached Form 1040 from most recent year and 2 current paystubs for all household members.

Applications missing one or more of these components will not be processed. If you are unable to provide tax documentation, contact the Y to discuss alternatives.

I certify that the above information is accurate and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to submit additional documentation to support the above statements.

Name: ____________________________  Signature: ____________________________  Date: ______________

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**FINANCIAL ASSISTANCE APPLICATION (CAMP/ CHILD CARE)**