If you’ve been thinking that you can’t afford to be part of the Y, think again. At our Y, we welcome everyone’s involvement by providing financial assistance through our confidential ACCESS Program. It’s an important part of our mission:

**How do I apply?**

If you reside in the communities of Danvers, Boxford, Middleton or Topsfield; complete the application in this brochure and attach the required documentation. Return it to the main facility on 34 Pickering Street in Danvers, attention: Membership Director.

**How is the amount of financial assistance determined?**

The membership director will review your financial information and submit the review to the Executive Director for final approval. The amount of the award is based on a family size, annual income, and in certain instances, extenuating circumstances. In most cases, awards will not exceed $500 per year per family. It takes up to two weeks to process a complete application.

**How is confidential information handled?**

Only those who approve your application have access to the information on your form.

**Where do the funds for assistance come from?**

The Y’s financial assistance program is funded by contributions to our Annual Fund campaign, our Holiday Giving Tree program, and local foundations.
DANVERS COMMUNITY YMCA  ACCESS PROGRAM:  Financial Assistance Application

**Personal Information**
Please print all information clearly and answer all questions. Be certain to attach required documents. Unreadable handwriting and missing documentation will delay our decision. Thank you.

Head of Household ___________________________ Social Security # _______ _______ _______ Today's Date: ____________
Address ___________________________ City _______ State _______ Zip _______
Home Phone ___________________________ Cell Phone ___________________________ Email address ___________________________
Employer ___________________________ Occupation ___________________________ Length of Employment ______
Days/ Hours worked ___________________________ Work Phone ___________________________ Supervisor’s Name ___________________________

**Please list all people living in your household, whether related or not:** (attach separate sheet if more space is needed)

Name ___________________________ School/Employer ___________________________ Date of Birth ______
1. ___________________________ ___________________________ ___________________________
2. ___________________________ ___________________________ ___________________________
3. ___________________________ ___________________________ ___________________________
4. ___________________________ ___________________________ ___________________________

I am applying for financial assistance for: Membership [ ] or Programs [ ] (If for Camp or Child Care, use box to right) [ ]

**Membership Type:** (select one)
- Preschool (6m-5yrs)
- Youth (ages 6-13)
- Teen (ages 14-17)
- Young Adult (18-21)
- Single Adult (22-64)
- 2 Adult Couple (22-64)
- Single Senior (over 65)
- Senior 2 Adult Couple (over 65)
- 1 Parent Family
- 2 Parent Family

**Name of Program:** ___________________________ Program for: ___________________________

(name(s) of person(s)) ___________________________ Financial Aid % ______ (office use)

**Financial Information:** Please itemize your monthly, pre-tax income and selected expenses:

Gross wages, salary & tips: $________
Unemployment Compensation $________
Social Security $________
Child Support $________
AFDC/TANF $________
Food Stamps $________
Retirement (non-Social Security) $________
Other: (Alimony, Interest, Dividend) $________

Total MONTHLY Income $________

Rent/Mortgage $________
Gas $________
Electric $________
Car Payments $________
Telephone $________
Groceries $________
Insurance $________
Other: (explain) $________

Total MONTHLY Expense $________

**Child Care/Camp Addendum**
If applying for child care or camp financial assistance this box must be completed. It is important for the Y to know if you are currently receiving or may be eligible for any other type of financial help for these costs. If you are eligible for support from the state, through the Child Care Circuit, it will save you money. And it will allow the Y to use its resources to assist families and children who do not have other options to make Y Child Care or Camp affordable.

**1.** Is your child currently attending child care (Y or other) on a Child Care Circuit Voucher? _____Yes _____No

If yes, Voucher expiration Date: ___________________________

Name of Child Care ___________________________

**2.** Are you currently receiving government assistance in the form of welfare/transitional assistance? _____Yes _____No

If no, have you received such assistance in the past 12 months? _____Yes _____No

**I M P O R T A N T**
To complete this application you must attach a copy of your last or this year's federal income tax form, and copies of pay stubs for the most recent month's earnings. If you are receiving AFCD/TANF, unemployment, food stamps, and/or Social Security, you must attach a copy of grant notification form(s). For child support or alimony, a court ordered award statement must be attached.

I attest that all of the information provided is true:

Signature ___________________________ Date ___________________________

**Name of Child Care Circuit Worker:** ___________________________ Print Clearly

Signature of Child Care Circuit Worker ___________________________ Date ___________________________