



YMCA FINANCIAL ASSISTANCE APPLICATION FORM

Please complete the application form below and submit it to any YMCA Membership Centre. A YMCA staff member will reach out to you once your application has been reviewed. **Applications will be processed only after all required documentation has been submitted.** As a charitable, community-based association, the YMCA is committed to protecting your privacy. The personal information you provide is used solely to help us better serve the needs of all YMCA members and participants.

SECTION 1: APPLICATION DECLARATION

I would like to apply for the YMCA Financial Assistance because ***I am unable (not unwilling) to pay the full fee under any of the standard payment options.*** If my financial circumstances change, I will notify the YMCA to discuss my financial situation.

Applicant's Signature: _____

Date: _____

SECTION 2: APPLICANT INFORMATION

Primary Applicant Name: _____ Date of Birth (DD/MM/YY): _____

Phone No.: _____ Email Address: _____

Address: _____ City: _____ Postal Code: _____

SECTION 3: HOUSEHOLD INFORMATION

Total no. of people in the household: _____

*NOTE: A household is defined as all members living in the same address. Make sure to list **all members** of the household including those aged 18+ and minor dependents*

NAME	BIRTHDAY	MEMBERSHIP REQUIRED? (Y/N)

SECTION 4: REQUIRED DOCUMENT CHECKLIST

NOTE: All members of the household aged 18+ **are required to provide** proof of income/financial documents.

Accepted Documents (Check all Submitted)

- ☐ Previous Year's Notice of Tax Assessment (NTA) *If NTA is not available, provide ALL applicable below:*
- **Income Verification (Last 2 months):** ☐ Paystub ☐ EI Payment Receipts ☐ Social Assistance Statements
☐ Disability Statements ☐ CPP/OAS statements ☐ Child Tax Benefit (CBB) statements ☐ Student loan assessment
(divided by enrolled months) ☐ Court-ordered child support documentation ☐ Signed letter from Assisted Residence
 - **Applicants with NO INCOME:** ☐ Support letter from caseworker/ settlement worker ☐ Proof of zero-income status
 - **Newcomers:** ☐ Refugee: RAP agreement + 2 months IRCC statements ☐ International Student: Study Permit+Passport

We DO NOT accept T1 General | T4 Slips | Bank Slips

FOR STAFF USE ONLY

SECTION 5: RECEIVING

Important note: Applications will only be received when all required documents are complete

Received by: (Name & Signature): _____ Date: _____

SECTION 6: PROCESSING

Household monthly total income before tax: _____ Subsidy Level Approved: _____%

Medavie Eligible? ☐ Yes ☐ No No. of months approved: _____ Amount approved: _____

Processed by: _____ Date: _____

SECTION 7: APPLICANT NOTIFICATION

Contact the applicant to communicate the outcome of their application

☐ Call ☐ Email ☐ Disapproved ☐ Approved: must activate subsidy within a month

Processed by: _____ Date: _____

SECTION 8: AUDITING (for SUPERVISOR/ DIRECTOR ONLY)

Optional: Temporary Pass Issued? ☐ YES (Expiry Date: _____) ☐ NO

Audit Completed: _____ Date: _____