



Y of Central Maryland
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APPLICATION FOR: (please check any)	REGIONAL LOCATION (please check one)	
<input type="checkbox"/> MEMBERSHIP	<input type="checkbox"/> Catonsville	<input type="checkbox"/> Weinberg (33 rd St)
YOUTH DEVELOPMENT: (must complete Step 3 below)	<input type="checkbox"/> Orokawa (Towson)	<input type="checkbox"/> Druid Hill
<input type="checkbox"/> CAMP	<input type="checkbox"/> Parkville	<input type="checkbox"/> Dancel (Howard)
<input type="checkbox"/> BEFORE/AFTER SCHOOL ENRICHMENT	<input type="checkbox"/> Perry Hall	<input type="checkbox"/> Hill (Carroll)
<input type="checkbox"/> PRESCHOOL	<input type="checkbox"/> Randallstown	<input type="checkbox"/> Ward (Harford)
	<input type="checkbox"/> Dundalk	<input type="checkbox"/> Greater Annapolis (Anne Arundel)

Y OF CENTRAL MARYLAND FINANCIAL ASSISTANCE APPLICATION

NEW APPLICATION RENEWAL APPLICATION Date Application Submitted ____/____/____

STEP 1 Enter Household Information:

First & Last Name: _____ Date of Birth: ____/____/____ Age: ____ Gender: M F

Phone Number: _____ E-Mail Address: _____

Address: _____ APT: ____ City: _____ State: _____ Zip: _____

Check One: Single: ____ Married: ____ Separated: ____ Divorced: ____ Employment Status: _____

List names (including last names if different from applicant) and ages of everyone residing in your household:

First Name	Last Name	Age	DOB MM/DD/YY	Gender	Relationship i.e. spouse, son, etc	Employment Status i.e. working part time, student, etc
1. _____	_____	____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
2. _____	_____	____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
3. _____	_____	____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
4. _____	_____	____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
5. _____	_____	____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

(Please use an additional application OR attach another document if you need extra space for additional names.)

STEP 2 Verify household income and submit supporting documents:

A) What is your current annual gross household income? \$ _____

B) Did you or another household member file federal taxes for last year? ____YES ____NO

If YES → Submit a copy of your most recent federal tax return 1040 form **AND** a copy of **ONE** of the following supporting documents:

- Last two pay stubs, for all household members
- Retirement income documentation
- Social security or disability award letter(s)
- Unemployment income verification

If NO → Submit a copy of **ALL** of the following supporting documents that are applicable:

- Last two pay stubs, for all household members
- Retirement income documentation
- Social security or disability award letter(s)
- Unemployment income verification
- Temporary Cash Assistance
- If \$0 income - Letter of how you meet your expenses

C) Do you receive Child Support? ____YES ____NO If yes, what is the monthly support? \$ _____ (submit supporting documents)

D) (optional) Attach a letter stating your specific need and/or hardship. Include special circumstances (if any) in the letter.

STEP 3 – Youth Development Applicants ONLY Specify location below, including specific school name/camp site:

- Camp: _____
- Before / After School Enrichment: _____
- Preschool: _____

Location listings are available online at ymaryland.org or at any Y center.

All applicants are required to apply for Department of Social Services (DSS) Child Care Subsidy Program (CCSP) vouchers and submit a copy of your decision letter prior to our processing this application. If a new applicant to DSS, we can accept a copy of the receipt received when applying in lieu of a decision letter. Apply online at www.marylandsail.org or at your local DSS office.

STEP 4 The information I have provided on this form is complete and correct and I agree to provide additional documentation upon request to verify need of financial assistance. I understand that the Y provides financial assistance to the extent that resources are available and that the Y reserves the right to refuse assistance to any applicant. I also understand that my current Y account must be in good standing prior to this application being processed.

Signature of Applicant: _____ Date: _____

Submit completed application and all supporting documentation to the Y by either:
MAIL: 303 West Chesapeake Avenue, Baltimore, MD 21204 Attn: Financial Assistance Department
FAX: 410-779-9426 EMAIL: FinancialAssistance@ymaryland.org IN PERSON: At your local Y center
QUESTIONS? CALL: 443-322-8000

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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