

WILLIAMS YMCA OF AVERY COUNTY SUBSIDY APPLICATION FORM

Name: _____
First Name Middle Initial Last Name Alias

Address of where you live: _____
Street City State Zip Code

Mailing address if different: _____
Street City State Zip Code

How can we reach you? _____
Home phone number Cell phone number Work phone number Other phone number

Household

Your household is you and everyone who lives with you, even if they are not relatives. Fill in the chart below for all the people in your household and indicate if you are applying for them. Attach a piece of paper if you need more space to complete this section.

Name <i>(First, Middle Initial, & Last)</i>	Relationship to You
	Self

Does anyone get Food and Nutrition Services, Food Stamps, or SNAP in this or another county or state? Yes No

If yes, who? _____ Is someone in your household renting a room from you? Yes No

Do you have a felony conviction? Yes No

Assets

Assets are valuable items that you own such as cash or bank accounts. We will determine if verification is needed and if it is accessible to you. Please check all the assets you own, someone else in your household owns, or jointly own with non-household member. For all items checked above, fill in the boxes below:

Type of Asset	Who Does This Belong To?	Value or Worth	Business Name and Account Number
Cash			
Checking and/or Savings Acct			
RetirementAccounts			
Mutual Funds or Trust Funds			
Prepaid Burial Contracts			
Certificates of Deposit (CD's)			
Stocks or Bonds			

My household does not own any of the assets listed

Has anyone in your household transferred assets in the last 3 months

Yes No

What Money Do People in Your Household Get from Work?

Include Full-Time, Part-Time, Day Work, Temporary Work, Work Study for College, and Working for Tips.

Does anyone in your household work? Yes No

Name	Employer (Name, address, phone number if available)	Start Date	Gross Pay (Pay Before Taxes)	How Often Is Pay Received?	Last date pay received?	Day of Week Pay received?	Hours per week?	Days worked per week?

At the time of application, **please provide verification for the previous month.** Example: if it is now the month of June we will need verification of ALL pays received in the month of May.

Is anyone in your household self-employed? Yes No If yes, complete below.

Examples are babysitting, selling Avon or other products, farming, doing hair, renting houses, doing yard work for other people or odd jobs.

Name	Start Date	Business Name	Type of Business	Gross Monthly Income	Monthly Expenses

At the time of application, **please provide verification of the previous year's tax records.** If tax records are not available provide verification of income and receipts for business expenses for the past 12 months

Is anyone getting ready to start a new job? Yes No If yes, complete below.

Name	Employer (Name, address, phone number if available)	Start Date	Gross Pay (Pay Before Taxes)	How Often Is Pay Received?	Date 1st pay received?	Day of Week Pay received?	Hours per week?	Days worked per week?

Is anyone a migrant or seasonal farm worker? Yes No If yes, who? _____

What Money Do People in Your Household Get from Other Places?

We need to know the money or checks you get other than from work. Please check off all of the following ways you get money.

- | | |
|--|--|
| <input type="checkbox"/> Adoption, Foster Care, or Guardianship Payments | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Annuities, Pensions, or Retirement | <input type="checkbox"/> Special Assistance (SA) |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Child Support from parent or | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> Child Support from the Court | <input type="checkbox"/> Veterans Benefits |
| <input type="checkbox"/> Educational Scholarships | <input type="checkbox"/> Work First/TANF |
| <input type="checkbox"/> Military Allotment | <input type="checkbox"/> Interest and Dividends |
| <input type="checkbox"/> Money from friends or relatives that is not a loan and you don't have to pay back | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Payments for the sale of an asset (such as a car, boat, mobile home or house) | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> My Household does not get any other money |
| | <input type="checkbox"/> Private Disability |

For all items checked above, fill in the boxes below:

Type of Money	Who Gets the Money?	How Much?	How Often?	Date last received?

If you have reported no income, please explain your living arrangements below

Do you have any extraordinary expenses or circumstance such as medical bills, a catastrophic loss, support for a special needs child or family member, or support for an elderly parent? If so please list them below:

Describe Expense	How much?	How Often?

Please provide a copy of your cable (or satellite service) bill and your telephone/cell phone bill.

I certify the information provided in this document is true and correct. I grant the YMCA of Avery County my permission to verify any and all information contained herein. I hereby consent that any organization, public or private, may release my information to the YMCA of Avery County for the purpose of verifying the information I have presented herein.

SIGNATURE

DATE

I certify there is no material or significant change in the information that is presented in my original application

3 months _____
SIGNATURE

DATE

6 months _____
SIGNATURE

DATE

9 months _____
SIGNATURE

DATE

PLEASE USE THE REVERSE SIDE TO TELL US ANYTHING ELSE ABOUT YOUR SITUATION THAT YOU BELIEVE WOULD BE HELPFUL TO DETERMINE YOUR SCHOLARSHIP