



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Financial Assistance Amendment Form

YMCA of Cass and Clay Counties

## **If your household size, dependencies, income, or needs change at any time while receiving YMCA Financial Assistance, you must complete a Financial Assistance Amendment Form.**

Please only submit an amendment if you have already been approved for YMCA Financial Assistance within the past year. If you have not been approved OR if it has been over a year since your approval, please submit a Financial Assistance Application, found at the Member Services Desk or online: [ymcacassclay.org/financialassistance](http://ymcacassclay.org/financialassistance)

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### **Please fill out the attached form.**

- **Note that incomplete amendments will not be reviewed.** All records will be kept confidential.
- **Provide proof of all gross (pre-tax) income for anyone 18 years or older in the household. Be sure to also note which household member requires the amendment. Accepted documentation can include:**
  - 1040 tax return – *preferred, W2 not accepted. If 1040 not submitted, submit TWO of the following:*
  - Letter of projected income – *if you have changed employers within the last 30 days*
  - Payroll check stubs – *for the last 30 days*
  - For a list of all accepted forms of documentation, visit [ymcacassclay.org/financialassistance](http://ymcacassclay.org/financialassistance)
- **Additionally, if you receive any of the following benefits, we require proof to be submitted in order to process your amendment:**
  - SNAP, TANF, and/or housing subsidy
  - Child support, alimony, or foster care payments
  - Unemployment, SSI, or SSDI benefits
- **A YMCA team member will contact you at the phone number and/or email address specified on this form if you are required to submit additional proof of income/further documentation.**
  - Learn more about proof of income requirements online: [ymcacassclay.org/financialassistance](http://ymcacassclay.org/financialassistance)
- **Completed forms may be delivered to the Member Services Desk of either YMCA location or emailed to [financialassistance@ymcacassclay.org](mailto:financialassistance@ymcacassclay.org).**

**Thank you for your submission!** It could take up to ten business days to process your form. By providing up-to-date contact info you may receive a faster response. A YMCA team member will contact you if further info is required. Questions? Reach out to [financialassistance@ymcacassclay.org](mailto:financialassistance@ymcacassclay.org) and we would be happy to help.



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## YMCA Financial Assistance Amendment Form

**Primary Member/Head of Household:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**I am currently receiving financial assistance for the following - select all that apply:**

- YMCA Membership & Programs Financial Assistance
- YMCA Child Care Scholarship

### Household Members

Please list all adults and children that live in the household, indicating for which household member the amendment is required.

| First & Last Name | Date of Birth | Relationship          | Amendment Needed?<br><i>If yes, list the reason</i> |
|-------------------|---------------|-----------------------|---|
| 1.                |               | <i>Self/Applicant</i> |   |
| 2.                |               |                       |   |
| 3.                |               |                       |   |
| 4.                |               |                       |   |
| 5.                |               |                       |   |
| 6.                |               |                       |   |
| 7.                |               |                       |   |
| 8.                |               |                       |   |



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## Household Income

Please list the monthly or yearly household income for all household members over the age of 18. You must include proof of all income listed. *If no funds are received for a category, list \$0*

|  |   |
|--|---|
| <b>Applicant Gross (pre-tax) Earnings</b><br>\$          | <b>Spouse/Partner Gross Earnings</b><br>\$  |
| <b>TANF, SNAP, Housing Subsidy, etc.</b><br>\$           | <b>Child Support or Foster Care Payments</b><br>\$  |
| <b>Unemployment</b><br>\$                                | <b>Other - Please list:</b> _____<br>\$   |
| <b>Total Gross Income - add all boxes together</b><br>\$ | <b>Information provided is based on my:</b><br><input type="checkbox"/> Yearly Income <input type="checkbox"/> Monthly Income |

Is there any additional information you would like us to know about your financial situation, or take into consideration as we review your amendment?

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| OFFICE USE ONLY |                |               |         |               |         |
|-----------------|----------------|---------------|---------|---------------|---------|
| Date Received   | Date Processed | HH Size/Level | Percent | Daxko/Procure | Initial |
| Initial         |                |               |         |               |         |