Dear Applicant:

The South Shore YMCA is a Not-For-Profit Organization with a mission to empower youth, improve health, and strengthen community.

The YMCA believes in providing membership and program services to all who desire to participate. The financial assistance program, supported in part through donations to the Annual Campaign, provides membership and program services to those in need within our available resources.

The funds we raise help to ensure that no young person or family is turned away from our programs due to an inability to pay. It is through the generous support of our members and community businesses that our YMCA is able to provide important, life changing programs and financial assistance to deserving young people and their families.

To ensure that Financial Assistance dollars are being distributed appropriately, the following requirements need to be met in order to continue to process your application.

- Financial Assistance application – please print clearly and answer all highlighted areas.
- Tax Return from prior year (If tax return is not applicable, then a signed T-4506 form needs to accompany the Financial Assistance application)
- If you receive State funding, provide a statement from the agency that provides the funding.
- Applicant agrees to volunteer at one of our yearly events.

Once this information is received, a YMCA staff person will reach out to you to set up an interview to review and finalize the Financial Assistance application process. So please make sure your contact information is correct and legible.

Please note - financial assistance does not carry over from year to year as well as the same percentage awarded. A new application and required materials need to be submitted each year for membership and each session for programming.

We're here for you and your family, We're here for the community. We're Here for good.

Sincerely,

Thomas Swanciger
Executive Director
Staten Island YMCA
The YMCA of Greater New York believes in providing membership and program services to all who desire to participate. The financial assistance program, supported in part through donations to the Annual Campaign, provides membership and program services to those in need within our available resources.

CONTACT INFORMATION

Applicant's Name

Address

City

State

Zip

Preferred Phone

Alternate Phone

Email Address

(All financial assistance notifications will be sent via USPS)

CURRENT STATUS (Please check one)

☐ I am not currently receiving any YMCA Financial Assistance

☐ I am currently receiving YMCA financial assistance and this application is for:

☐ Renewal

☐ Request for another program

Requesting Financial Assistance for (please check one only):

☐ Adult Membership

☐ Youth Membership (children under 12)

☐ Teen Membership

☐ Family I Membership (1 Adult and kids under 18 years, living in the same household)

☐ Family II Membership (2 Adults and kids under 18 years, living in the same household)

☐ Senior Membership

☐ Student Membership (Any age, full time, 12+ credits, must bring copy of transcript)

☐ Other Program (list)

Cost of Membership or Program $

This request is for (fill in name) ___________________________ Date of birth ____/____/____

LIST ALL HOUSEHOLD MEMBERS Including applicant

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Please share with us your need for Financial Assistance

OTHER ASSISTANCE YOU RECEIVE (please check all that apply)

☐ Supplemental Security Income (SSI)
☐ Food Stamps
☐ Medicaid
☐ Other ________________

FINANCIAL ASSISTANCE APPLICATION WILL NOT BE ACCEPTED WITHOUT ONE (1) OF THE FOLLOWING SUBMISSIONS

☐ I have attached a copy of my most recent household IRS 1040 Federal tax form (The first two pages of the 1040 are required in order to process all financial assistance requests)

☐ I did not file an IRS Federal 1040 Tax Form for the past year and will sign the IRS 4506-T form to verify non-filing and give authorization to the YMCA to confirm

☐ Other Assistance (a statement from the agency you receive assistance from)

My household income for the past year was $____________________

I hereby state that all information provided to the YMCA is true and accurate.

Applicant Signature ________________________________ Date _____/_____/_____

FOR OFFICE USE ONLY

Financial Assistance Award  ☐ Yes  ☐ No  Financial Assistance Amount $____________________

Award Dates from ___________ to ___________

Date received _____/_____/______ Received by __________________________ Date Completed _____/_____/______

The YMCA of Greater New York is a community service organization which empowers youth, improves health, and strengthens community.
BE A YMCA VOLUNTEER

Date ________________

Applicant Name (as it appears on Financial Assistance Application) ___________________________ Phone # ____________________

The YMCA believes in providing membership and program services to all who desire to participate. The financial assistance program, supported in part through donations to the Annual Campaign, provides membership and program services to those in need within our available resources.

We understand that many people are faced with the struggles of everyday life and we here at the YMCA like to think that we make a difference in the community to ease this burden.

Not only donations help our Y community but volunteering your services/time does as well. Volunteering can be extremely gratifying and a way for you to give back to your community physically where you might not be able to financially.

If you would like to volunteer for the YMCA, please check an event that you would like to participate in.

January
2019 Annual Campaign kick-off
Wednesday, January 23rd, 2019; 7:30pm

February
Western Family Night
Friday, February 22, 2019; 7:00pm - 9:00pm

March
Pajama Family Night
Friday, March 22nd, 2019; 7:00pm - 9:00pm

April
Healthy Kids Day
Saturday, April 27th, 2019; 10:00am - 3:00pm

June
South Shore Carnival Family Night
Friday, June 7th, 2019; 6:00pm - 8:00pm

We're here for you and your family, We're here for the community. We're Here for good.
Form 4506-T

Request for Transcript of Tax Return

Department of the Treasury
Internal Revenue Service

This Form 4506-T allows you to request a transcript of a tax return or other information from the IRS. You can either call 1-800-947-4747 or fill out the form and mail it to the IRS. There is a fee to get a copy of your return.

1. Name shown on tax return. If a joint return, enter the name shown first.
2. If a joint return, enter spouse's name shown on tax return.
3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code.
4. Previous address shown on the tax return filed (if different from line 3).
5. If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Caution: If the transcript is being mailed to a third party, ensure that you have filled in lines 5 and 3 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request:

a. Return Transcript, which includes most of the line items and account information for the return. A return transcript does not reflect changes made to the account (e.g., extensions made to the return or estimated tax payments). Return transcripts are limited to items such as account balances and tax payments. Returns are available for the current year and returns processed during the prior 3 years processing years. Most requests will be processed within 10 business days.

b. Account Transcript, which contains information on the account status, such as payments made on the account, balance, and payments made by you or the IRS after the return was filed. Account transcripts are available for most accounts. Most requests will be processed within 30 calendar days.

c. Record of Account, which is a combination of line items and adjustments. Account transcripts are available for most accounts. Most requests will be processed within 30 calendar days.

d. Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 1st. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days.

3. Form W-2, Form 1099 series, Form 1040 series, or Form 1099 series transcript. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. The IRS may be able to provide this information for the current year. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 15 days.

Caution: If you need a copy of Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

8. Year or period requested. Enter the ending date of the year or period, using the YYYY-MM-DD format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s), declarant, or person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporation officer, executor, or guardian, tax matters partner, executor, receiver, administrator, trustee, or another person other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. For transcripts being sent to a third party, this form must be returned within 120 days of signature date. Telephone number of taxpayer on line 1a or 2a.

Sign Here

Signature (see instructions)

Date

This line is above line 3 or 4, depending on where the signature will be entered.

Signature of person signing for a corporation, estate, etc.

Date

For Privacy Act and Paperwork Reduction Act notice, see page 2.