



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

THE Y IN CENTRAL MARYLAND FINANCIAL ASSISTANCE APPLICATION

APPLICATION FOR: (Check any that apply and write in the school name / care location below.)
Location listings and general information are available online at ymaryland.org or at any Y center.

- BEFORE/AFTER SCHOOL ENRICHMENT** (grades K-5): _____
Applications accepted July 1st preceding the start of the school year, until all funds are distributed.
- PRESCHOOL** (up to age 5): _____
Applications accepted July 1st preceding the start of the school year, until all funds are distributed.
- SUMMER CAMP** (grades K-12): _____
Applications accepted January 1st, until all funds are distributed.

For MEMBERSHIP assistance, please apply at your local Y center.

STEP 1 Enter Household Information: (Please print clearly)

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 else 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, full time, 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 Apply for the Child Care Subsidy Program with the State of Maryland and submit CCS status information.

All applicants are required to apply to CCS Central for Child Care Subsidy program vouchers (formally POC vouchers) and submit a copy of your decision letter prior to our processing this application. If a new applicant to CCS, we can accept a copy of the receipt received when applying in lieu of a decision letter. Please call 1-866-243-8796 or email CCSCentral@conduent.com for more information and to request an application. Y assistance applications will NOT be processed without this information.

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