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## ABOUT Y FINANCIAL ASSISTANCE

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At the Y, we believe that everyone should have the opportunity to live a healthy and active lifestyle with access to our vital health, fitness, child care, camp and recreational activities. Our Y Financial Assistance program is designed to assist those who are unable to afford the full cost of participation.

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## HOW FINANCIAL ASSISTANCE IS DETERMINED

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Financial assistance is determined using a sliding scale that is based upon your financial capabilities and an agreement that is acceptable to both you and the Y. **Please note: Financial Assistance will only be granted to those with the appropriate documentation, and such documentation must be reassessed at least on an annual basis.**

**When you are assessed you may be eligible for the three types of Financial Assistance:**

- 1. Membership Financial Assistance:** A discount on monthly fees for any Y Membership. Memberships must be activated within 30 days of assessment, and are valid for 12 months unless your financial circumstances change.
- 2. Overnight Camps Financial Assistance:** A discount covering a proportion of the total cost of an overnight camp session, which may be applied to any child within the family. Unused Y Financial Assistance cannot be carried forward between calendar years.
- 3. Day Camps Financial Assistance:** A discount covering a proportion of the total cost of a day camp session, which may be applied to any child within the family. Unused Y Financial Assistance cannot be carried forward between calendar years.

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## HOW TO APPLY

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1. Fill in the applicant information on the other side of this document.
2. All applicants must bring to their appointment:
  - a. Most recent Federal Notice of Income Tax Assessment (s) for household family members.**  
(To obtain a copy of your Federal Notice of Tax Assessment (T-451) call 1-800-959-8281).
  - b. Pay stubs for the previous 2 months** (Only applicable if there has been a change in employment since last tax assessment).
  - c. Proof of other sources of income (previous 2 months).** Examples include:
    - Student Finance (OSAP)
    - Ontario Disability Support Program
    - Employment Insurance Payments
    - Rental Income
    - Canada Child Benefit (CCB) / Child Support
    - Family Support Payments
    - Ontario Works
    - Canadian Pension Plan or Old Age Pension
    - Child Tax Benefit
  - d. Photo ID to Confirm identity (at least one adult must provide proof).**  
Examples include: driver's licence, student card, passport, permanent residency card
  - e. Proof of residency**  
Examples include: Lease, mortgage agreement, utility bill or property tax bill, Immigrant Visa and Record of Landing (if applicable).
  - f. Method of Payment**  
If applying for a reduction in Membership fees, please provide a void cheque or credit card to schedule your pre-authorized monthly payments.
  - g. Camp Registration Form (if applicable)**
    - i. The camp registration form must be completed and sent with application.
    - ii. If you are applying with multiple children, you must complete a separate registration form for each child.
    - iii. Please note, you can only apply up to 75% of your sponsored money to a program at one time.

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## Y FINANCIAL ASSISTANCE FAQs

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**Q: How does the Y determine how much I pay?**

**A:** Once we receive your completed application form and required documents, we calculate your membership fee and/or camp discounts, based on a review of your household income and the size of your household.

**Q: How long does the application process take?**

**A:** If you bring ALL required documentation, it is very likely we can review your application at the time you submit it. If we are not able to review your application on the spot, it will be completed within 72 hours. Arranging an appointment is encouraged. **All documents must be included before we can review your application.**

**Q: How do I renew my Y membership?**

**A:** You will be contacted after 11 months of membership, when you will be asked to resubmit your application and documentation which may entitle you for a further 12 months of membership.

**Q: Is it possible to join the Y for free or get Camps at no cost?**

**A:** No. Everyone must pay some portion of the membership or camp fee.

**Q: How is the Membership Assistance Program funded?**

**A:** Y Financial Assistance is funded by a combination of sources including public and corporate donations and directly from the YMCA of the National Capital Region.

# Financial Assistance Application Form

**APPLICANT INFORMATION**

New Application  Renewal	<p><b>Membership Financial Assistance Request</b> (select one)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><b>Child</b> (0Y-12Y)</p> <p><b>Youth</b> (13Y - 17Y) or <b>Student</b> (18Y+, full-time with valid student ID)</p> </div> <div style="width: 30%;"> <p><b>Adult</b> (18Y-59Y)</p> <p><b>Senior</b> (60Y+)</p> <p><b>Adult/Senior Couple</b> (18Y+)</p> </div> <div style="width: 30%;"> <p><b>Household</b> (4 members living at the same residence. Must include one individual 18Y+)</p> </div> </div>	<p><b>Camp Financial Assistance Request</b></p> <p>Overnight Camp                   Day Camp</p>
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**Household size:** # of adults \_\_\_\_\_ # of children (under 18) \_\_\_\_\_ **Annual Household Income:** \$ \_\_\_\_\_

FIRST NAME	LAST NAME	RELATIONSHIP	GENDER	Prefer not to say	PRONOUNS	Prefer not to say	DATE OF BIRTH (DD/MM/YY)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**APPLICANT AUTHORIZATION**

I, \_\_\_\_\_ having completed this form certify by my signature below that the information presented here is correct and complete. In completing this application for Y Financial Assistance, I agree to inform the YMCA of the National Capital Region (Y) in writing within 30 days of any material change to the information presented here. And I agree that any change to this information may impact my eligibility for a Y Financial Assistance that resulted from this application and in future applications. I further agree to keep the contents of this application and the review of my eligibility for subsidy completely confidential.

APPLICANT NAME (PLEASE PRINT) \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_ DATE (MM/DD/YY) \_\_\_\_\_

**Memberships must be activated within 30 days of this assessment.  
Credit towards camps must be used before the end of the calendar year.**

**FOR OFFICE USE ONLY**

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Processed by: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_

Verified by: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_

Confirmation of ID:  Yes  No    Confirmation of residency:  Yes  No

Total Annual Household Income: \$ \_\_\_\_\_ Number of Individuals in Household: \_\_\_\_\_

Application Approved     Application Denied – Reason: \_\_\_\_\_

Membership Category: \_\_\_\_\_ Transacted in Legend:  Yes  No    Date (MM/DD/YY): \_\_\_\_\_

Reduction %: \_\_\_\_\_ Monthly Payments: \$ \_\_\_\_\_ Membership fee reduction %: \_\_\_\_\_

\$ \_\_\_\_\_ Day Camp Value | \$ \_\_\_\_\_ Overnight Camp Value