



# FINANCIAL ASSISTANCE POLICY

We provide financial assistance, to the extent possible, to qualified applicants within our service area. Funding is provided in part by generous donors to our Strong Communities Campaign. Financial assistance awards are based on eligibility requirements; applicants who do not meet the requirements will not be considered.

## Residency Requirements:

In order to apply for financial assistance you must live OR work within our service area; which includes only zip codes: 94102, 94103, 94104, 94105, 94107, 94108, 94109, 94110, 94111, 94112, 94114, 94117, 94124, 94130, 94133, 94134 and 94158

## Income Requirements And Award Levels:

In order to apply for financial assistance your maximum annual income must be at or below 60% of the unadjusted area median income (AMI) for HUD’s metro fair market rent area that contains San Francisco

Financial assistance award amounts are up to 60% of the cost of each camp session requested

Family Size	Maximum Annual Income To Qualify	Award Level	Family Size	Maximum Annual Income To Qualify	Award Level
2 Person	\$23,250	60%	5 Person	\$31,350	60%
2 Person	\$38,750	40%	5 Person	\$52,300	40%
2 Person	\$46,450	20%	5 Person	\$62,750	20%
3 Person	\$26,150	60%	6 Person	\$33,700	60%
3 Person	\$43,550	40%	6 Person	\$56,150	40%
3 Person	\$52,250	20%	6 Person	\$67,400	20%
4 Person	\$29,050	60%	7 Person	\$36,000	60%
4 Person	\$48,400	40%	7 Person	\$60,050	40%
4 Person	\$58,100	20%	7 Person	\$72,050	20%
5 Person	\$31,350	60%	8 Person	\$38,350	60%
5 Person	\$52,300	40%	8 Person	\$63,900	40%
5 Person	\$62,750	20%	8 Person	\$76,700	20%

## APPLICATION DATES:

- Financial assistance will be awarded in two cycles, primarily on a first come first served basis
- Up to 70% of all available funds will be awarded to applications received by April 5, 2011
- The remaining available funds will be awarded to applications received by May 13, 2011 with priority given to very low income applicants

## HOW TO APPLY:

The 2011 Summer Camp Financial Assistance application is available in the camp brochure, on our web site and at the front desk

All requests for financial assistance must submitted to the Embarcadero YMCA on the official 2011 Summer Camp Financial Assistance application and include proof of eligibility. Proof of eligibility documentation to include with your financial assistance request is a current utility bill or lease or pay stub AND your 2010 W2 form(s) or federal tax return

### Incomplete requests will not be considered

The 2011 Summer Camp Financial Assistance application and proof of eligibility documents may be submitted via:

Email: Katie Keers at [ckeers@ymcasf.org](mailto:ckeers@ymcasf.org)

U.S. Mail to:

Embarcadero YMCA Summer Camp  
169 Stuart Street, San Francisco CA 94105

Fax: 415 957 1260



# FINANCIAL ASSISTANCE APPLICATION

We provide financial assistance, to the extent possible, to qualified applicants within our service area. Funding is provided in part by generous donors to our Strong Communities Campaign.

In order for financial assistance requests to be considered you must fully complete this application AND include supporting documentation. Documentation older than **three months will not be accepted**. The examples listed below are recommended as documentation.

**Proof of Income For All Adults In Household:** Minimum of (3) consecutive itemized pay check stubs, an award letter from General Assistance, an SSI award letter imprinted with your name and address (or a bank statement showing the direct deposit), an IRS tax return (required if self-employed), an unemployment letter from EDD showing the amount awarded.

**Proof of Residence or Workplace:** A lease or rental agreement verifying that you reside at that address OR a utility bill in your name with the residence address OR a current pay stub. A post office box address will not be accepted as proof of residence.

Please attach photocopied documents to this completed form

Responses are mailed to you after your application has been processed

Guardian Name: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Number of Weeks Requested: \_\_\_\_\_

Address: \_\_\_\_\_ San Francisco, CA Zip: \_\_\_\_\_

Number Of People In Household: Adults: \_\_\_\_\_ Minors: \_\_\_\_\_ Total people at address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Gross Monthly Household Income before deductions and taxes are taken (Includes ALL people living at address): \$ \_\_\_\_\_

Income sources (check all that apply):

- Working       GA       SSI       Unemployment       Student Loans
- Investments       Annuity       Pension       Other \_\_\_\_\_

I have read, understand and agree to comply with all Financial Assistance policies and procedures. I certify that the above is true and correct and authorize the YMCA to verify the information that I submit. I understand that providing this information does not automatically guarantee my approval for financial assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE ONLY	
Date Processed	
Approved	Percent Awarded:
Denied	Reason For Denial:
FOCUS ID:	
Notes:	
Received by:	Date: