

(FOR OFFICE USE ONLY)

NEW APPLICANT \_\_\_\_\_ RENEWAL \_\_\_\_\_ CURRENT MEMBER \_\_\_\_\_

Tax Form \_\_\_\_\_

Staff Receiving \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Stubs \_\_\_\_\_

Membership \_\_\_\_\_ Program \_\_\_\_\_

Other Income Verification \_\_\_\_\_

Adult \_\_\_\_\_ Household \_\_\_\_\_ AOA \_\_\_\_\_ AOA Household \_\_\_\_\_ Teen \_\_\_\_\_

Sports \_\_\_\_\_ Aquatics \_\_\_\_\_ Fitness \_\_\_\_\_ Youth & Family \_\_\_\_\_



# Financial Assistance Application

## Personal Information:

Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you applied for Financial Assistance at another YMCA facility?  Yes  No If yes, where? \_\_\_\_\_ Date: \_\_\_\_\_

Are you a full-time student?  Yes  No If yes, where? \_\_\_\_\_

Are you married?  Yes  No If yes, is your spouse a full-time student?  Yes  No

Are you a single-parent household?  Yes  No

What program are you enrolling for? \_\_\_\_\_

## Household Members:

First Name	Last Name	Relationship (Spouse, Child, etc.)	Date of Birth	Check if claimed on Form 1040 as a Dependent

Are you interested in serving as a volunteer  Yes  No

## Employment Information:

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  Part-Time  Full-Time

Gross Monthly Income: \$ \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  Part-Time  Full-Time

Gross Monthly Income: \$ \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_



APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION





DOES YOUR CHILD RECEIVE FREE OR REDUCED LUNCH?

Y or N

INCOME/EXPENSE WORKSHEET

Income:

Gross Monthly Income (Before Taxes) \$
Spouse's Gross Monthly Income (Before Taxes) \$
Child Support \$
Aid to Dependent Children \$
Social Security Compensation \$
Unemployment Compensation \$
Food Stamps \$
Welfare \$
Retirement Funds \$
Other (Please explain) \$

Expenses:

Rent/Mortgage \$
Car/Insurance \$
Utilities \$
Phone \$
Child Support \$
Medical \$
Child Care \$
Alimony \$
Other (Please explain) \$

Total Month Income (Household) \$
Total Annual Income (Household) \$

Total Monthly Expenses (Household) \$

Do you share expenses with anyone else in your household? Yes No Total number in household:

What dollar amount can you afford to pay for Membership (per month)? Program (per session)?

What benefits do you see in having financial assistance to join the YMCA as a member or program participant?

Are there extenuating circumstances that you would like to share (i.e. excessive medical expenses, unemployment, etc)?

I am requesting assistance from the YMCA due to my personal circumstances and verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA of a change within 30 days, I may be terminated from the financial assistance program.

Applicant's Signature: Date:

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Table with 5 columns: Reduced Rate Percentage, Membership/Program, Reduced Rate Percentage, Date Approved/Expires, Membership Type.

Comments: