



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance Application

Membership and programs for all: The YMCA strives to make our programs available to all who will benefit from them, regardless of their ability to pay. All financial assistance is granted on a sliding scale based on income and need. All information is kept confidential.

Date of Application: _____ New Application Renewal

Name _____ Birth date _____

Address _____ City/State/Zip _____

Home phone _____ Work phone _____

Email address _____

Employer _____

Occupation _____ Length of Employment _____

Spouse and Dependents Living at Home (please complete)

Name	Employer/School	Birth Date	Age	Grade

Is yours a single-parent household? Yes No Not Applicable

This application is for:

Membership:

- Husband/Wife/Dependents Nursery
- Adult with dependents Nursery
- Adult
- Young Adult (ages 14-28)
- Senior (ages 65 and up)

Programs:

- Aquatics – session # _____
- After School care
- Early Arrival care
- Tracking Out
- School's Out Special
- Summer Camp

Please share why you are applying for financial assistance? _____

Please itemize your gross annual household income. Documentation is required.

	Your income	Spouse's income	Other income
<input type="checkbox"/> Salary, wages, and tips	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Unemployment compensation	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Social Security compensation	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Child Support	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Aid for Dependent Children	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Food Stamps	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> 401K Retirement	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Alimony	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> School loan income	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Housing allowance	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Other	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> TOTAL Annual Income	\$ _____	\$ _____	\$ _____

What dollar amount are you able to pay each month?

Membership \$ _____ per month

Programs \$ _____ per month

Submit your completed Financial Assistance Application with the following:

- Copy of your most recent Federal Income Tax return (Form 1040 or 1040EZ including supporting schedules)
- Copies of your last two paycheck stubs or a letter from your employer stating your annual Salary.
- I do not file a Federal Income Tax return based on Federal Government income guidelines.

I certify that this information is true and complete to the best of my knowledge. I grant permission to the YMCA to verify this information. I agree to notify the YMCA if my financial status should change.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Date received _____ date processed _____ notified _____

Programs _____ Awarded _____% Review date _____