



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

For Office Use Only	
Date Rec'd in FA Office:	_____
MO #:	_____

Kerr Family YMCA and YMCA at the Factory Financial Assistance Application 2011

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.

Instructions: Please complete the entire application form. Return your completed form and the required attachments to the Welcome Center Desk located at the Kerr Family YMCA or the YMCA at the Factory. For questions, please email us at *KerrFA@ymcatriangle.org*.

Date of Application: _____ New Application Renewal (check one)

Name: _____ Birth Date: _____

Address: _____ City/State/ZIP: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Employer: _____

Occupation: _____ Length of Employment: _____

List your Spouse and Dependents Living at Home (as claimed on tax returns)

Office Use Only	Name	Employer/School	Birth Date	Grade	Age

This application is for: (check all that apply)

Single-parent household Yes No

- Membership
 - Husband, Wife and Dependents
 - Adult with Dependents
 - Add Nursery
 - Adult
 - Young Adult (ages 14-28)
 - Senior Adult (ages 65 and up)

- Programs
 - Before School Care
 - After School Care
 - Tracking Out
 - Summer Camps
 - Other Program _____

Please share why you are applying for financial assistance: _____

Please itemize your **GROSS ANNUAL** household income (zero if none or does not apply)

<i>Income Type</i>	<i>Your Income</i>	<i>Spouse s Income</i>	<i>Other Income</i>	<i>Office Use Only</i>
Salary, wages and tips	_____	_____	_____	
Unemployment Compensation	_____	_____	_____	
Social Security Compensation	_____	_____	_____	
Child Support	_____	_____	_____	
Aid for Dependent Children	_____	_____	_____	
Food Stamps	_____	_____	_____	
401(k) Retirement	_____	_____	_____	
Alimony	_____	_____	_____	
School loan income	_____	_____	_____	
Housing allowance	_____	_____	_____	
Other	_____	_____	_____	
TOTAL Annual Income	_____	_____	_____	

What dollar amount are you able to pay each month? Membership _____ per month
Program(s) _____ per month

Applications received without the below documentation attached will be **returned unprocessed!**

Don't forget to attach:

- a copy of pages 1 and 2 of your most recent Federal Income Tax return* (if self-employed, include schedule C, Profit and Loss from Business Statement)
- copies of household wage earners last two paycheck stubs
- Transcripts or equivalent as proof of school attendance for college.
- If unemployed, please submit documentation supporting any unemployment income.
- Dependent students - parents must submit the above information since they assume your financial responsibility.

*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