FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WE'RE HERE TO HELP YOU

Financial Assistance Application

Staff Initials/ Date_____

Please Circle the Type of Assistance Needed:

Membership: Adult Family Membership Single Parent Family Senior Student

Programs: Childcare Aquatics Sports Y Little Explorers Pre-school
Kids Night Out Other: _____

Need assistance in other services we don't offer? We can help just let us know how:

_____

_____

Personal Information (Please Print)

_____

NAME **LAST NAME** **DOB**

_____

ADDRESS **CITY** **STATE** **ZIP CODE**

_____

PHONE NUMBER **EMAIL ADDRESS**

Total Number of Persons in the Household: Adults _____ Children _____

All Persons Living in the Household (please mark each family member applying for assistance, Including Yourself):

FIRST NAME	LAST NAME	DOB	AGE	GENDER	RELATIONSHIP
FIRST NAME	LAST NAME	DOB	AGE	GENDER	RELATIONSHIP
FIRST NAME	LAST NAME	DOB	AGE	GENDER	RELATIONSHIP
FIRST NAME	LAST NAME	DOB	AGE	GENDER	RELATIONSHIP
FIRST NAME	LAST NAME	DOB	AGE	GENDER	RELATIONSHIP

Please initial and sign were applicable:

_____ I affirm to the best knowledge that the above information is true and complete. I agree to provide income documentation in full and for all members of my household. I understand that this application expires annually or in the case of sports every six months, and must reapply as requested by the YMCA to continue receiving assistance.

_____ I have provided proof of income stated above.

_____ I understand that if I provide false information it could result in loss of assistance.

_____ _____

Signature Date

NOTE: Staff cannot accept applications without the required documents.

OFFICE USE ONLY:

Household Monthly Income:
Wages:_____
Social Security: _____
Food Stamp: _____
Unemployment: _____
Child Support: _____
Retirement: _____
Other: _____

Household Monthly Expenses:
Rent/Mortgage: _____
Phone/Utilities: _____
Unemployment: _____
Medical: _____
Other: _____

Check all that apply
Pay Stubs Recv _____
Pay Stubs Spouse Recv_____
Tax Return Recv _____
Social Security Recv _____
Food Stamp Recv_____
Unempl Recv _____
Child Support Recv _____
Retirement Recv _____
Other: _____