



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

This application is for: (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Membership <ul style="list-style-type: none"> <input type="checkbox"/> Husband, Wife and Dependents <input type="checkbox"/> Adult with Dependents <input type="checkbox"/> Add Nursery <input type="checkbox"/> Adult <input type="checkbox"/> Young Adult (ages 14 – 28) <input type="checkbox"/> Senior (ages 65 and up) | <input type="checkbox"/> Programs <ul style="list-style-type: none"> <input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care <input type="checkbox"/> Tracking Out <input type="checkbox"/> Summer Camps <input type="checkbox"/> Other Programs _____ |
|--|--|

Please share why you are applying for financial assistance. _____

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

	<i>Your Income</i>	<i>Spouse's Income</i>	<i>Other Income</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

Submit your completed Financial Assistance Application with the following:

1. Your YMCA Membership or Program Registration Form
2. Copy of your most recent Federal Income Tax return* (Form 1040 or 1040EZ, including supporting schedules)
3. 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: