



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE APPLICATION

Printed Full Name: _____ DOB: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____ Email: _____

NOTE: For verification purposes, all applications may be cross-referenced with current Y membership information.

Proof of Income Requirement

Application will not be processed without this information: Fill out table below completely and attach proof of all applicable income for all persons in the household. If someone not listed on the application is paying for the membership, we will need income verification for that person as well.

- Income verification must be from most recent month.
- Paycheck stubs – Please attach 2-3 most recent stubs.
- Tax return must be from most recent year.

Household Income	Monthly Amount	Household Income	Monthly Amount
Gross Wages, Salaries, Tips, Etc	\$	Investment Income	\$
Unemployment Compensation	\$	Child Support / Aid for Dependant or Foster Children	\$
Social Security (SSI)	\$	Alimony	\$
Social Security Death Index (SSDI)	\$	Food Stamps	\$
Social Security Disability (SSD)	\$	Cash Aid / General Assistance	\$
Pension	\$	Student Financial Assistance	\$
Veterans Benefits	\$	Other	\$

Total Household Income: _____

Are there any special circumstances that contribute to your request?

I understand the policy and procedure for this Financial Assistance Application and I have completed all required information truthfully and to the best of my ability. I understand that I will be required to show a valid ID when submitting my application. I understand that YMCA memberships are continuous and that I must provide a 30 day's written notice to cancel.

Signature of Applicant listed on top of application

Date



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Please complete the sessions below you are seeking assistance for.

YMCA Facility Membership

I am a current YMCA member? I am currently on financial assistance for membership?

Applying for which membership type:

- Adult (Age: 21-61)
- Young Adult (Age: 13-20)
- Senior (Age: 62+)
- Senior Couple (Only 1 needs to be 62 yr. or older)
- Family (2 **related** adults and all **related** children 20 and under, in the same household)

List adults (21+ years) to be included on the membership:	DOB	Relationship to Primary
Primary Adult Full Name _____	_____	Self _____
Second Adult Full Name _____	_____	_____

**Family membership includes a maximum of 2 related adults living in the same household*

List children, under the age of 21, to be included on the membership:

Child's Full Name _____	_____	_____
Child's Full Name _____	_____	_____
Child's Full Name _____	_____	_____

** Children must be related to and living with the primary applicant*

Youth and Adult Programs

New to the program Renewing FA application

Participant's Full Name _____	DOB _____	Program _____
Participant's Full Name _____	DOB _____	Program _____

Afterschool Child Care & Day Camp

In addition to the income verification above, please provide the most current Federal Income Tax Filing for all Adults in the household. The tax filing should reflect the dependents in your household.

New to the program Renewing FA application

Child's Full Name _____	DOB _____	Camp Site / Session _____
Child's Full Name _____	DOB _____	Camp Site / Session _____
Child's Full Name _____	DOB _____	Camp Site / Session _____