



Financial Assistance Application

Approved by	_____
Amount/%	_____
Date	_____
YMCA Personnel Only	

<i>Request for Financial Assistance</i>		
Applicant's Name _____	Date _____	
Email _____	Date Of Birth _____	
Home Phone _____	Business Phone _____	
Home Address _____		
(Street)	(City/State)	(Zip)
Employment _____	Business Phone _____	
2 nd Adult in Household _____		
Date of Birth _____	Home Phone _____	
Employment _____	Business Phone _____	
For which of the following are you seeking assistance?		
<input type="checkbox"/> Membership	Branch _____	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Youth
<input type="checkbox"/> Program	Branch _____	Program Name _____
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Pre-school child care	Branch _____	
<input type="checkbox"/> School-aged child care	Branch _____	
Current facility member?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Current child care? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Dependents Living in Household</i>		
Name	Age	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

To process your application, ALL of the following information is REQUIRED. If you did not file taxes or you do not have one of the other required documents, you must submit a letter explaining your personal situation.

- A copy of the first page of the tax form from your most recent tax return. (If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service.)
- Proof of income for EACH ADULT in the household. This includes copies of the last TWO pay stubs, social security checks or disability checks. You may also submit copies of bank statements showing automatic monthly deposits of government checks.
- Documentation of ANY federal assistance you receive such as food stamps, rent subsidy or Aid to Dependent Children cash assistance.
- Student loan documentation, if applicable.

Allow ten business days for processing

<i>Gross Annual Household Income & Expenses</i>			
	Head of Household	2 nd Adult in Household	Household Expenses
Employment	_____	_____	Mortgage/Rent _____
Child Support	_____	_____	Electric/Gas/Water _____
Government	_____	_____	Insurance _____
Food Stamp	_____	_____	Phone _____
Student Loan	_____	_____	Cable TV _____
Other	_____	_____	Credit Cards _____
Total	_____	_____	Total _____

Describe your circumstance/reason for applying for financial assistance and any unusual expenses or obligations on back or additional pages.

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

Signature: _____ Date: _____