



YMCA REQUEST FOR FINANCIAL ASSISTANCE

To process your application all of the following information is REQUIRED.

If you do not file taxes or do not have one of the required documents, you must submit a letter explaining your personal situation.

- Completed application.
- 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 can 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.
- If you are requesting that your status as a full-time student be considered, you must provide evidence of enrollment.

Please allow one week to process your application once ALL required documentation and a completed application are received.

APPLICANT'S INFORMATION (Please print)

First Name: _____ Middle Name: _____ Last Name: _____
Birthdate: _____ Email: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ Cell/Other Phone: _____ Business Phone: _____
Employer: _____

SECOND ADULT IN HOUSEHOLD (Please print)

First Name: _____ Middle Name: _____ Last Name: _____
Birthdate: _____
Primary Phone: _____ Cell/Other Phone: _____ Business Phone: _____
Employer: _____

For which of the following are you seeking assistance?

- Membership Branch: _____ Individual Family
- Program Branch: _____ Program Name: _____
- School Age Child Care* Site: _____
- Preschool Child Care* Site: _____

* All licensed child care programs are eligible for 4-C and other third party child care subsidies. Those who qualify for 4-C or other subsidies are not eligible for additional assistance through the Y.

Please turn over

DEPENDENTS OR ADDITIONAL ADULTS LIVING IN HOUSEHOLD (Please print)

Name: _____ Gender: _____ Age: _____ Date of Birth: _____
Name: _____ Gender: _____ Age: _____ Date of Birth: _____
Name: _____ Gender: _____ Age: _____ Date of Birth: _____

GROSS ANNUAL INCOME & EXPENSES

Household Income:	Head of Household	2nd Adult	Household Expenses	
Employment	\$ _____	\$ _____	Mortgage	\$ _____
Child Support	\$ _____	\$ _____	Electric/Gas/Water	\$ _____
Government Assistance	\$ _____	\$ _____	Insurance	\$ _____
Food Stamps	\$ _____	\$ _____	Phone	\$ _____
Student Loans	\$ _____	\$ _____	Medical Expenses	\$ _____
Other	\$ _____	\$ _____	Credit Cards	\$ _____
TOTAL	\$ _____	\$ _____	Auto Loans	\$ _____
			TOTAL	\$ _____

Please describe your circumstances/reason for applying for financial assistance, including any unusual expenses you must meet. (Attached additional pages if necessary). _____

I feel I am able to pay \$ _____ toward the cost of membership/program/services.

I certify that the information on this application is true and correct 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: _____