



Date Received _____
Time Received _____
Staff Initials _____

Financial Assistance Application 2012

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: (Circle/check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Tracking Out (3 or 4 Break Care) |
| <input type="checkbox"/> Husband, Wife, Dependents | <input type="checkbox"/> Summer Camp (____ # of weeks) |
| <input type="checkbox"/> Adult w/Dependents | <input type="checkbox"/> Sports (Basketball Soccer Baseball MICRO) |
| <input type="checkbox"/> Add Nursery | <input type="checkbox"/> Aquatics (Pre-K Youth Swim Team) |
| <input type="checkbox"/> Adult | <input type="checkbox"/> SOS/Holiday |
| <input type="checkbox"/> Young Adult (14-28) | <input type="checkbox"/> Preschool Programs |
| <input type="checkbox"/> Senior (65 and up) | |
| <input type="checkbox"/> Afterschool Care | |
| <input type="checkbox"/> Before School Care | |

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. Copy of your most recent Federal Income Tax return* (Form 1040 or 1040EZ, including supporting schedules)
2. 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

YMCA Mission: *To put Christian principles into practice through programs that build healthy spirit, mind and body for all.*