



Financial Assistance Application

Request for Financial Assistance

Applicant's Name _____ Date _____

Email _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Home Address _____

(Street) _____ City/State _____ (Zip) _____

Marital Status: Married - Divorce - Single – Separated - Widowed circle one

Employment _____ Business Phone _____

2nd Adult in Household _____

Home Phone _____ Cell Phone _____

Employment _____ Business Phone _____

For which of the following are you seeking assistance?

Membership Branch _____ Individual Family Youth

Program Branch _____ Program Name _____

Other _____

Pre-school child care Branch _____

School-aged child care Branch _____

Current facility member? No Yes Current child care? No Yes

Dependents Living in Household

Name	Relationship	Age	Date of Birth
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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 application.

Gross Annual Household Income & Expenses

	Head of Household	2 nd Adult in Household	Household Expenses
Employment	_____	_____	Mortgage/Rent _____
Child Support	_____	_____	Electric/Gas/Water _____
Government	_____	_____	Insurance (All) _____
Food Stamps	_____	_____	Phone _____
Student Loan	_____	_____	Cable TV _____
Other	_____	_____	Credit Cards/Loans _____
			Car _____
			Groceries _____
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: _____

YMCA Personnel Only:

Date Received _____ Amount _____ Approved By _____ Date Approved _____