



Application for Financial Assistance

This form must be complete before it is processed. Incomplete applications will not be processed and the applicant will not be contacted.

If you have questions, please refer to the attached financial assistance guidelines or inquire at Membership Services. PROOF OF ALL HOUSEHOLD INCOME MUST BE ATTACHED TO THIS PACKET.

While we are a non-profit agency, we depend upon memberships, program fees, donations and volunteers to help maintain our services. YMCA financial assistance will be awarded based upon the applicant's demonstrated need, ability to pay, and the available resources of the YMCA.

PRINT LEGIBLY

DATE _____

NAME _____ BIRTHDAY _____
Print legibly Month/ Day / Year

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE (HOME) _____ (cell phone) _____

APPLICATION () MEMBERSHIP () CAMP DUDLEY
() DAY CAMP () AQUATICS
() SPORTS () OTHER _____

ETHNIC BACKGROUND: United way and the USDA request this information. You are not required to provide this information.

- | | |
|--|--|
| <input type="checkbox"/> White, not of Hispanic origin | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black, not of Hispanic origin |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Do not wish to answer |

IRS guidelines will be used to determine what constitutes a family for purposes of membership. In order to qualify, the family member must be 1) a legally married spouse, or 2) a qualified dependent. A person qualifies as a dependent if ALL of the following apply:

- Dependent is related to primary member (includes, related through marriage permanently, member of household, legally adopted or long term foster child)
- Dependent is financially supported by the primary member and furnishes more than half the dependent’s support during the calendar year. Support includes child support payments paid by a divorced or separated spouse.

Please list the names of family members/persons who are requesting financial assistance (include yourself). **If the last names are different for spouse and children, a marriage license and/or birth certificate is required.**

		Applying for Financial Assistance?	
		Yes	No
NAME: _____	BIRTHDATE: _____	()	()
NAME: _____	BIRTHDATE: _____	()	()
NAME: _____	BIRTHDATE: _____	()	()
NAME: _____	BIRTHDATE: _____	()	()
NAME: _____	BIRTHDATE: _____	()	()
NAME: _____	BIRTHDATE: _____	()	()

** Family memberships include dependent children through the age of 22.

Total family size: # of Adults_____ # of Legal Dependents_____

*****if legal dependent(s) are not shown on income tax return, proof is required.**

reapplying or not. Family members are to be listed below with type of income (e.g. Employment, Retirement, Unemployment, SSI, DSHS, SSA, VA, Child Support, Workmen’s Compensation, etc). List “gross” amount below, which is total monthly “before taxes” are deducted.****ALL ORIGINAL DOCUMENTS MUST BE SUBMITTED WITH APPLICATION AND WILL BE PHOTOCOPIED BY YMCA DESK STAFF AT TIME APPLICATION IS SUBMITTED.**

<u>INDIVIDUAL NAME</u>	<u>TYPE OF INCOME</u>	<u>MONTHLY AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total household monthly income		\$ _____

What was your family’s total “gross” annual income last year : _____
 (Before Deductions)

(Explain why you would like to be considered for financial aid at the YMCA include any special circumstances)

I declare that the statements above are true and completely correct to the best of my knowledge. I understand that the YMCA reserves the right to deny or revoke financial assistance based upon any false or misleading information. I hereby authorize verification of information given and will provide any and all requested information.

I understand there is a 3-5 day waiting period for the results of my Financial Assistance application. I understand a submission of application and review is mandatory each year. If the required information is not furnished, I further understand that my membership will be terminated until the requested information is satisfactorily submitted.

Applicants Signature: _____ Date: _____