



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE MEMBERSHIP APPLICATION

1 PRIMARY APPLICANT

NAME	
STREET ADDRESS	
CITY, STATE ZIP	
EMAIL	
PHONE	
DATE OF BIRTH	GENDER

2 HOUSEHOLD

2 ND ADULT NAME	DOB	GENDER
DEPENDENT CHILD'S NAME	DOB	GENDER
DEPENDENT CHILD'S NAME	DOB	GENDER
DEPENDENT CHILD'S NAME	DOB	GENDER
DEPENDENT CHILD'S NAME	DOB	GENDER
DEPENDENT CHILD'S NAME	DOB	GENDER

3 I AM APPLYING FOR

YMCA MEMBERSHIP TYPE	PROGRAM/CLASS NAME	CHILD CARE
<input type="radio"/> YOUTH <input type="radio"/> HOUSEHOLD <input type="radio"/> ADULT * One or two adults (19+) and their dependent children (including students age 19-23) living in the same household <input type="radio"/> SENIOR	LIST PROGRAM _____	LIST PROGRAM _____

4 DOCUMENTS CHOOSE ONE

<input type="radio"/> 1040 FEDERAL TAX FORMS \$ _____ TOTAL ANNUAL INCOME (ALL 1040s) INSTRUCTIONS MOST RECENT IRS 1040 TAX FORMS FOR <u>ALL</u> WORKING ADULTS IN THE <u>HOUSEHOLD</u> INCLUDING <u>ALL</u> INDIVIDUALS & DEPENDENTS TO BE INCLUDED IN THIS FINANCIAL ASSISTANCE APPLICATION	<input type="radio"/> LAST 30 DAYS OF INCOME ATTACH COPIES OF PAY STUBS OR GOVERNMENT ASSISTANCE DOCUMENTATION FOR THE LAST 30 DAYS FOR <u>ALL</u> ADULTS IN THE <u>HOUSEHOLD</u> EXAMPLES: UNEMPLOYMENT, SOCIAL SECURITY, CHILD SUPPORT, ALIMONY, PENSION, DISABILITY/VETERAN BENEFITS, PUBLIC ASSISTANCE AID TO DEPENDENT CHILDREN, FOOD STAMPS, AND ANY OTHER INCOME TOTAL/MONTHLY HOUSEHOLD INCOME \$ _____
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5 PLEASE SIGN AGREEMENT

STAFF USE

I HEARBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND THAT I DO NOT HAVE ADDITIONAL INCOME NOT REPRESENTED ABOVE. I AGREE, IF NECESSARY, TO SEND ADDITIONAL INFORMATION AND DOCUMENTATION TO SUPPORT THE ABOVE STATEMENTS. I UNDERSTAND THAT SUBSIDY ASSISTANCE IS BASED ON NEED. IN THE EVENT THAT MY CHILDREN OR I MUST CANCEL OUR PARTICIPATION, I WILL CONTACT THE YMCA IMMEDIATELY SO SPONSORSHIP CAN BE PROVIDED TO OTHERS. I UNDERSTAND THAT IF I FALSIFY ANY OF THE ABOVE INFORMATION, I WILL NOT BE ELIGIBLE FOR ASSISTANCE NOW AND/OR IN THE FUTURE.	DATE _____ APPROVED FOR A MONTHLY RATE OF \$ _____ WITH PROGRAM SUBSIDY OF _____%
SIGNATURE _____ DATE _____	THIS PRE-APPROVAL IS VALID FOR 30 DAYS AND SUBJECT TO VERIFICATION

* Will not be approved without requested attached copies of income