



## Financial Assistance Form

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Applicant Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Personal Information:** *(List other members living in the same household)*

Name (Print First & Last)	Relationship	Date of Birth	Employer/School

**Program Assistance Applying For:**

**YMCA Program Assistance** *(please check box(s))*

Summer Seasonal Membership (June- August)

YMCA Youth Program(s)

*Please List*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Applicant Employment/School Status: (Check Box)**

**Applicant Status:**     Unemployed     Employed Full Time     Employed Part Time  
 Full Time Student     Part Time Student     Disability

**2<sup>nd</sup> Adult in Household Status:**     Unemployed     Employed Full Time     Employed Part Time  
 Full Time Student     Part Time Student     Disability

**Financial Information:**

**\*Please check box(s) that apply and supply copies of documentation when returning application.**

- 2 most current pay stubs (for all wage earners)
- Copy of part time or full time current school/class schedule
- Current Disability SSI Documentation
- Child Support Verification
- Other Income not listed \_\_\_\_\_

**\*Failure to disclose any income information may result in denial or delay of your application.**

**List Gross Monthly Income: \$** \_\_\_\_\_

**This Application MUST BE REVIEWED every 12 months:**

I 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 financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so financial assistance can be provided for 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.

\_\_\_\_\_  
*Signature of person completing this form*

\_\_\_\_\_  
*Date*

**Office Use Only**

Application Date: \_\_\_\_\_ Assistance Date Expires: \_\_\_\_\_

YMCA Program Assistance Awarded: YMCA Pays \$ \_\_\_\_\_ Applicant Pays \$ \_\_\_\_\_