## FINANCIAL ASSISTANCE APPLICATION

For Front Desk Staff Use Only Please Circle One Membership: Youth **Adult Family** Personnel initials If registering for a youth program, which one?: Date Received For Admin Staff Use Only **Documentation Needed to Apply** % Approved\_\_ Last two paycheck stubs Approved/Date Income tax return Letter Sent \_\_\_\_ Proof of food stamps, SS, child support, unemployment, retirement and any other income Birth certificate of all children listed on application Personal Information (Please Print) Name Birthdate Gender Birthdate Spouse Gender Address City State Zip Contact Number Email Address Total Number of Persons in Household Adults Children Dependents To Be included in Membership For Office Use Only Birthdate Name Gender (Check all that Apply) Name Birthdate Gender Pay Stubs Recv Name Birthdate Gender Pay Stubs Recv (Spouse) \_\_\_ Birthdate Gender Name Tax Return Recv —-**Household Monthly Income Household Monthly Expenses** Social Sec Recv — Rent/Mortgage\_\_\_\_\_ Wages\_ Food Stamp Recv ———— Social Security Amt Phone/Utilities **Unempl Recv** Food Stamp Amt Medical Unemployment Amt\_\_\_\_\_ Other \_\_\_\_\_ Child Supp Recv -Child Support Amt Retirement Recv -Retirement Amt Birth Certificate -All Other\_\_\_\_ Please initial and sign where applicable I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation in full, and for all members of my household. I understand that this application expires annually, and I must reapply as requested by the YMCA to continue receiving assistance. I also understand that any submitted support documentation not picked up within 30 days of approval date will be disposed of by shredding and therefore will not be retained by the YMCA.

NOTE: PERSONNEL CANNOT ACCEPT APPLICATION WITHOUT ALL REQUIRED

Date

**Applicant's Signature**