

Membership & Program Assistance Application

Apply for Membership & Program Assistance in * easy steps!

1 APPLICANT INFO

Name

Mailing Address

City

State _____ ZIP Code _____

Home Phone () _____

Cell Phone () _____

Email _____

If an applicant is under 18: Parent's or legal guardian's name _____

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

<input type="checkbox"/>	First Name	Last Name	Relationship (Parent/Guardian/Adult/Child)	Check if claimed on form 1040 as a dependent	AGE
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Other dependent(s)

3 I AM APPLYING FOR

Check category for which you are applying

M E M B E R S H I P

- YOUTH (ages 0-17)
- STUDENT (ages 19-25 full time)
- ADULT (age 18-79)
- ONE ADULT + YOUTH
- TWO ADULTS + YOUTH
- TWO ADULTS
- PROGRAM ASSISTANCE ONLY*

* Program assistance not available on ALL programs.

4 TELL US MORE...

Use this space to include any additional information or extenuating circumstances included on this application. If you need more space, attach an additional sheet of paper.

HY'a Ya Wfvg Jd Uggig lbW drc[fUa Jgg ddchX YbhjY mVmtH Y Gfcb[: Ua JYg 7Ua dUJ[b" DYUgY' WbgjXf g'Uf] b[nci f' g'hc'f'nc Y'd fUgY Uk UFYbYgg'cZH jg drc[fUa " Grcf]Yg Wb fYa Uj b Wa d'YH' m Uocbna ci g' =5A -BH9F GH98 -B G<5F -B; A MGHCfMHC <9@G DDCFH<9" G HF CB; : 5A @9G75A D5 > B" DYUgY _Yd'a mgtcfm Uocbna ci g' =Ua 'bch] bhYFgHX] b'g'Uf] b['a mgtcfm UH H j'g'ha Y"

5 FINANCIAL INFORMATION

My gross income for the past month was \$ _____ My spouse's gross income for the past month was \$ _____

Supplemental Security Income (SSI) Food Stamps Rental Assistance Medicaid TANF ddcfh I bYa d'cna Ybh Other (Please Explain): _____

I FILED FEDERAL TAXES ↓ FOR LAST YEAR

I DID NOT FILE FEDERAL TAXES ↓ FOR LAST YEAR OR MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES LAST YEAR

Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

\$ _____ x 12 = _____
30 DAYS INCOME MONTHS

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

6 THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

I am requesting assistance from the YMCA due to my personal circumstances and verify that all information submitted is correct, complete, and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA of a change within 30 days, I may be terminated from the membership assistance program.

Signature of person completing this form _____ Date _____

Attach all applicable financial documents and turn in to your YMCA branch Member Services Desk. **-B7CA D@H95DD@75HCBGK @@69F 9H FB98"**

FOR OFFICE USE ONLY

YMCA Pays \$ YOU Pay \$

STAFF NAME DATE

AWARD IS VALID FOR 30 DAYS.
YMCA STAFF: Attach COPY of financial documentation to application and return ORIGINAL to applicant.