Membership & Program Assistance Application

Apply for Membership & Program Assistance in 6 easy steps!

1 APPLICANT INF[illegible]

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.

○	First Name	Last Name	Relationship (Parent/Guardian/Adult/Child)	Check if claimed on form 1040 as a dependent	AGE
○					
○					
○					
○					
○					
○					

○ Other dependent(s)

3 I AM APPLYING FOR

	✓	Check category for which you are applying
MEMBERSHIP		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 that were not included on this application. If you need more space, attach an additional sheet of paper.

The membership assistance program is suppoted entirely by the Strong Families Campaign. Please consider sharing your story to help raise awareness of this program. Stories can remain completely anonymous.

○ I AM INTERSTED IN SHARING MY STORY TO HELP SUPPORT THE STRONG FAMILIES CAMPAIGN.

○ Please keep my story anonymous.

○ I am not interested in sharing my story at this time.

5 FINANCIAL INFORMATION

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

I am currently receiving the following assistance (check all that apply):

○ Supplemental Security Income (SSI) ○ Food Stamps ○ Rental Assistance ○ Medicaid

○ Child Support ○ Unemployment ○ Other (Please Explain):_____

[illegible] [illegible] [illegible] [illegible]

I FILED FEDERAL TAXES FOR LAST YEAR

○ 1040 Federal Tax Form(s) for all incomes in the household

○ I am an individual filing jointly; I am providing ONE 1040 form

○ We filed more than ONE tax form in our household; We are providing ____ 1040 forms.

$ _____

TOTAL ANNUAL HOUSEHOLD INCOME

(LINE 11 OR 22 ON 1040)

or

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or **MY HOUSEHOLD INCOME HAS CHANGED SINCE I ILED TA ES LAST YEAR**

○ Documents showing most recent 30 days of income (including pay stubs or documentation of governemnt 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 inaccuate 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.

INCOMPLETE APPLICATIONS WILL BE RETURNED.

FOR OFFICE USE Only

YMCA Pays $ . . . . . YOU Pay $ . . . . . .

STAFF NAME . . . . . DATE . . . . . .

AWARD IS VALID FOR 3[illegible] DAYS.

YMCA STAFF: Attach COPY of finacial documentation to application and return ORIGINAL to applicant.