



CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION

Please complete the application below to help us evaluate your request

Your Name _____		Phone(____)	
Address _____			
Street	City	ZIP Code	
Employer _____		Phone (____)	
Household Size: # of Adults _____	# of Children _____		
Name(s) of person(s) applying for financial aid:	Program applying for:	Age:	Entering grade:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
Is/are the above person(s) current YMCA member(s)? _____			
If so, which YMCA? _____			
Have you ever received financial assistance from the YMCA? _____			
When? _____		Where? _____	

<p>Staff must verify income level. Proof of income may include a tax return, W-2, last two paycheck stubs, statement of DSHS, etc. If applicant does not have any proof of income, a statement needs to be signed by the applicant and approved by the branch executive. If a person is referred from a human service agency, that can also be considered verification.</p> <p>What was your family's total gross income for last year? \$ _____</p>	<p style="text-align: center;">List gross monthly income from all sources</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>APPLICANT</u></th> <th style="text-align: center;"><u>SPOUSE/OTHER</u></th> </tr> </thead> <tbody> <tr> <td>Wages/Salary</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Child Support</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Other*</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>TOTAL INCOME</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p>*List All Sources: _____ _____ _____</p>		<u>APPLICANT</u>	<u>SPOUSE/OTHER</u>	Wages/Salary	\$ _____	\$ _____	Child Support	\$ _____	\$ _____	Other*	\$ _____	\$ _____	TOTAL INCOME	\$ _____	\$ _____
	<u>APPLICANT</u>	<u>SPOUSE/OTHER</u>														
Wages/Salary	\$ _____	\$ _____														
Child Support	\$ _____	\$ _____														
Other*	\$ _____	\$ _____														
TOTAL INCOME	\$ _____	\$ _____														

Explain why you would like to be considered for financial assistance at the YMCA. Include any special circumstances.

I certify that the above information is true and complete to the best of my knowledge. I understand the above agreement and my obligations. I further understand that the YMCA's policy for payment applies to this agreement.

Signed (Financial Assistance Recipient or Parent/Guardian) _____ Date _____

Signed (YMCA Staff) _____ Date _____

OFFICE USE ONLY

Name of Applicant _____ Phone (____) _____

Interviewed by _____ Date _____

	Person #1	Person #2	Person #3	Summary
Full Name	_____	_____	_____	
Program	_____	_____	_____	
Session/Dates	_____	_____	_____	
Regular Fee	_____	_____	_____	_____
Amount Participant Pays	_____	_____	_____	_____
Total Financial Assist. Amt.	_____	_____	_____	_____
Assistance Codes/Amt.	_____/ \$ _____	_____/ \$ _____	_____/ \$ _____	<u>Ending Date</u> _____
	_____/ \$ _____	_____/ \$ _____	_____/ \$ _____	_____
	_____/ \$ _____	_____/ \$ _____	_____/ \$ _____	_____
	_____/ \$ _____	_____/ \$ _____	_____/ \$ _____	_____

STAFF COMMENTS		PAYMENT SCHEDULE			
		Date	Amount	Date	Amount
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

Please bring this copy with you each time you make a payment at the YMCA.