

CONFIDENTIAL APPLICATION

Membership % _____
Program % _____

Please submit copies of Federal Income Tax and other forms of income.

APPLICANT INFORMATION: Please print neatly

Your Name _____ DOB _____ Phone _____

RACE: Native American Asian/Pacific Islander African American Caucasian Other/Multi-Racial

ETHNICITY: Hispanic Non-Hispanic

Address _____ City _____ State _____ Zip _____

Household size: Adults _____ Children _____ Email _____

Name of all person(s) in household:

1. _____ DOB: _____

RACE: Native American Asian/Pacific Islander

African American Caucasian Other/Multi-Racial

ETHNICITY: Hispanic Non-Hispanic

GENDER: Male Female

2. _____ DOB: _____

RACE: Native American Asian/Pacific Islander

African American Caucasian Other/Multi-Racial

ETHNICITY: Hispanic Non-Hispanic

GENDER: Male Female

3. _____ DOB: _____

RACE: Native American Asian/Pacific Islander

African American Caucasian Other/Multi-Racial

ETHNICITY: Hispanic Non-Hispanic

GENDER: Male Female

4. _____ DOB: _____

RACE: Native American Asian/Pacific Islander

African American Caucasian Other/Multi-Racial

ETHNICITY: Hispanic Non-Hispanic

GENDER: Male Female

5. _____ DOB: _____

RACE: Native American Asian/Pacific Islander

African American Caucasian Other/Multi-Racial

ETHNICITY: Hispanic Non-Hispanic

GENDER: Male Female

5. _____ DOB: _____

RACE: Native American Asian/Pacific Islander

African American Caucasian Other/Multi-Racial

ETHNICITY: Hispanic Non-Hispanic

GENDER: Male Female

Are you or anyone listed above currently a YMCA member? Yes No If yes, which location? _____

Have you received financial assistance the YMCA before? Yes No If yes, what year (s)? _____

Type of membership: Youth Young Adult (19-25 years) Adult Senior Adult (62 years & older)
 One Adult Household Multi-Adult Household Couple Senior Couple

Program(s) for which you are requesting financial assistance? _____

HOUSEHOLD INCOME (Required to process the application)

Monthly income from all adult household wages and salaries before taxes and other deductions.

Adult 1 \$ _____

Adult 2 \$ _____

Additional Adults \$ _____

Other income – public assistance, child support, food stamps, social security, disability, rent assistance, etc. \$ _____

(Please Circle All That Apply)

TOTAL MONTHLY INCOME \$ _____

Please submit your completed Financial Assistance Application with the following:

__ Copy of most recent year's Federal Income Tax Form (1040 Form) for all adults in residence.

__ Copies of the last two pay check stubs for all those working in the household or a copy of your Schedule C from taxes if self-employed.

__ Copies of other supporting documents (Social Security Income, Disability Income, Child Support, ADC/Food Stamps, Unemployment) that help show need or changes in financial situation not reflected in your 1040 form.

CERTIFICATION OF NEED

Our financial assistance program is made possible by countless volunteers who reach out to the community and raise money for our Annual Campaign. Please explain why you would like to be considered for financial assistance at the YMCA and what it would mean to your family. (Use an additional page, if needed.)

I certify that the above information is true and complete to the best of my knowledge. In addition, I understand that my/our membership privileges and all YMCA policies are the same as for full memberships. I certify that the above information is true and complete to the best of my knowledge.

Signature _____ Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HELPING OTHERS

Financial Assistance Program



What is the YMCA's financial assistance program?

The YMCA's financial assistance program provides families in need with financial support to participate in YMCA membership and program activities. Financial assistance is available within the Y's available resources.

How is the financial assistance amount determined?

- Fees will be based on the gross monthly income you provide us when you join.
- You must provide income documentation verifying monthly gross income.

How do I apply?

1. Complete the Confidential Application on the back page and return it to your YMCA's member servicestaff.
2. Submit copies of the following applicable documents:*

- | | |
|---|--|
| <input type="checkbox"/> Most recent year's Federal Income Tax Form (1040 Form) | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Two most recent (consecutive) pay check stubs | <input type="checkbox"/> ADC/food stamps |
| <input type="checkbox"/> Social Security Income | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Disability Income | |

*Include copies for all individuals contributing to household income.

NOTE: Your membership will expire every 12 months and you will need to submit new paperwork. The YMCA has the right to adjust your rate at this time.

What if I haven't filed Federal Income Taxes?

For a non-filer of Federal Income Tax, contact your local Internal Revenue Service office to request a letter of verification of non-filing status and submit it with your financial assistance application or visit <https://www.irs.gov/individuals/tax-return-transcript-types-and-ways-to-order-them> to follow the steps to request a letter online.