

# CONFIDENTIAL APPLICATION

Membership % \_\_\_\_\_  
Program % \_\_\_\_\_

Please submit copies of Federal Income Tax and other forms of income.  
**(1040 Form and two most recent consecutive paycheck stubs with this application)**

## APPLICANT INFORMATION

Your Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Household size: Adults \_\_\_\_\_ Children \_\_\_\_\_ E-mail \_\_\_\_\_

### Name of all person(s) in household:

1. \_\_\_\_\_ DOB: \_\_\_\_\_ 4. \_\_\_\_\_ DOB: \_\_\_\_\_

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

ETHNICITY:  Hispanic  Non-Hispanic

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ETHNICITY:  Hispanic  Non-Hispanic

2. \_\_\_\_\_ DOB: \_\_\_\_\_ 5. \_\_\_\_\_ DOB: \_\_\_\_\_

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

ETHNICITY:  Hispanic  Non-Hispanic

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3. \_\_\_\_\_ DOB: \_\_\_\_\_ 6. \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Type of membership:  Youth  Young Adult (19-25 years)  Adult  Senior Adult (62 years & older)  
 Single Parent  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 \$ \_\_\_\_\_

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

PLEASE CIRCLE ALL THAT APPLY.

**TOTAL MONTHLY INCOME \$ \_\_\_\_\_**

## CERTIFICATION OF NEED

Our financial assistance program is made possible by countless volunteers who reach out to the community and raise money for our Strong Communities 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.)

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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 service staff.
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 checkstubs           | <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.

### 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.

**NOTE: Your account will be reviewed every 12 months and you may be asked to submit new paperwork. The YMCA has the right to adjust your rate at this time.**