



YMCA FINANCIAL ASSISTANCE APPLICATION

The Western Community Center YMCA financial assistance program allows individuals and families with limited income to fully participate in YMCA membership and programs. No one is turned away from the YMCA because of inability to pay. Those not able to pay the full monthly or annual membership dues or program fees may be awarded financial assistance based on their income level. All persons applying for financial assistance will be asked to pay a portion of the membership dues or program fees based on a sliding fee scale. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient pays for a portion of membership dues or programs fees to participate.

All applicants must entirely fill out this application and provide a copy of last year's tax return or copies of household income in order for their application to be considered.

Funds for youth and family financial assistance for membership and programs are made possible through generous contributions to the YMCA's Annual Campaign.

FOR OFFICE USE ONLY	
Application Received:	___/___/___
Application Reviewed:	___/___/___
Applicant Notified:	___/___/___
Membership Assistance:	Approved Denied
Discounted Joiner Fee:	\$ _____
Discounted Monthly Rate:	\$ _____
Program Assistance:	Approved Denied
Discount:	___%
Discounted Registration Fee:	\$ _____

APPLICATION INFORMATION

I AM APPLYING FOR FINANCIAL ASSISTANCE FOR (CHECK ALL THAT APPLY):

___ MEMBERSHIP PLEASE CIRCLE ONE: ACTIVE OLDER ADULT (65+) ADULT
 FAMILY STUDENT

___ YOUTH SPORTS PLEASE CIRCLE ONE: BASEBALL/T-BALL BASKETBALL FOOTBALL OTHER

___ CLASSES OR PROGRAMS NAME OF CLASS OR PROGRAM: _____

PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH ___/___/___ SEX: M F

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ EMAIL ADDRESS: _____

ADDITIONAL HOUSEHOLD INFORMATION

PLEASE LIST ALL INDIVIDUALS LIVING IN THE HOME (NOT INCLUDING YOURSELF).

NAME	DATE OF BIRTH	SEX	WILL PERSON BE ON MEMBERSHIP?
_____	___/___/___	M F	Y N
_____	___/___/___	M F	Y N
_____	___/___/___	M F	Y N
_____	___/___/___	M F	Y N
_____	___/___/___	M F	Y N

PLEASE TURN OVER AND COMPLETE THE BACK SIDE OF THIS FORM

In order for the Western Community Center YMCA to process Financial Assistance Applications you must provide copies of all sources of monthly income for every person living in the home. Acceptable documentation includes:

1. Last year's tax return. Acceptable forms include the 1040, 1040A and 1040EZ.
2. Paycheck stubs.
3. Social Security Letter
4. Unemployment compensation benefits letter.
5. Bank account statements showing child support deposits.

Please enter all monthly income in the chart below.

Income Type	Amount	Copy Provided?		Income Type	Amount	Copy Provided?	
Wages, Salaries and Tips	\$	Y	N	Social Security Compensation	\$	Y	N
Unemployment Compensation	\$	Y	N	Child Support	\$	Y	N
Disability Income	\$	Y	N	Retirement Income	\$	Y	N
Food Stamps	\$	Y	N	Alimony	\$	Y	N
Housing Allowance	\$	Y	N	Other Government Payments	\$	Y	N

TOTAL MONTHLY INCOME: \$ _____

Do you feel you have any monthly bills or expenses that are higher than what's considered normal? Y N

If yes, please list those: _____

Please initial the statements below.

_____ I have provided copies of all monthly income for everyone living in my household.

_____ I understand if I choose to activate a membership through the financial assistance program that I agree to a one-year membership.

_____ If I choose to activate my membership through the financial assistance program I agree to keep my account in good-standing and understand that if I fail to do so I will not qualify for this program again in the future.

SIGNATURE

DATE

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Program Discount:

Gross Annual Income \$ _____

Number of People in Household: _____

Percentage to be Paid by Member: _____%

Program Registration Fee: \$ _____

Percentage to be Paid by Member X _____%

Discounted Registration Fee: = _____

Membership Discount:

Gross Annual Income \$ _____

Number of People in Household: _____

Percentage to be Paid by Member: _____%

Joiner Fee: \$ _____

Percentage to be Paid by Member X _____%

Discounted Joiner Fee: = _____

Monthly Membership Rate: \$ _____

Percentage to be Paid by Member X _____%

Discounted Monthly Rate: = _____

*All membership and program rates should be rounded to the nearest whole dollar.
 *In the case of membership, percentage applies to membership AND joiner fee.