

Financial Request Form



The YMCA is a nonprofit association offering opportunities for personal growth and service to others. To support our assisted members, we ask people to complete a confidential application.

The YMCA strives to serve all segments of the community. Within our available resources, every effort will be made to accommodate all who wish to participate in YMCA programs and services. No one will be denied access to any YMCA program or service solely on the inability to pay.

Program (s) applying for _____

Parent/Guardian Name: _____ Birth date _____ Sex: _____

Address: _____ City: _____ Zip: _____

Employer: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Legally married spouse: _____ Birth date: _____ Sex: _____

Spouse's employer: _____ Work Phone: _____

Children (legal dependents 18 & under, or 21 & under if full-time student)

Dependents:	Relationship:	Birth date:	Sex:	School/College	Participant
_____	_____	_____	_____	_____	Y N
_____	_____	_____	_____	_____	Y N
_____	_____	_____	_____	_____	Y N
_____	_____	_____	_____	_____	Y N
_____	_____	_____	_____	_____	Y N

Must be completed by applicant for consideration

Completed applications will be reviewed within 10 working days.
Required documentation must be provided for every line item.

Monthly Gross	Applicant	Spouse
Salary/Wages	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Gov. Assist. (SSI, Disability)	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Cash Assistance	\$ _____	\$ _____
School Loans/Grants (amount after tuition is paid)	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Comments:		

Required Documentation

Please submit your completed application along with all documentation listed below that applies to your YMCA family, including:

federal income tax form 1040 or proof of non-filing status. **(required)** To receive proof of non-filing call 800-829-1040.

two current consecutive pay check stubs or unemployment check stubs.

government assistance verification (disability statement, Social Security statement, case benefit history, foster care assistance, etc)

other assistance verification (child support, alimony, student loans and/or grants.)

For Child Care & Camp applications, a letter of denial from Subsidy Agency is required.

Information must be current!

I Certify that all the above information is true and complete to the best of my knowledge.

Signed: _____

Date: _____

For Office Use only:

Date: _____

Staff Initials _____

Gross Annual Income \$ _____

Discount % \$ _____

Amount Scholarship \$ _____ Program fee total \$ _____ Amount Due \$ _____