

\_\_\_\_\_ X here for re-apply

**FINANCIAL ASSISTANCE APPLICATION**  
YMCA of Western Stark County



PLEASE PRINT

Adult 1 Name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender    M / F

Adult 2 Name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender    M / F

Place of employment: Adult 1 \_\_\_\_\_ Adult 2 \_\_\_\_\_

If unemployed, please explain: Adult 1 \_\_\_\_\_

Adult 2 \_\_\_\_\_

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

Phone - Home \_\_\_\_\_ Other \_\_\_\_\_

List dependents

Children's Names: \_\_\_\_\_ Birth date \_\_\_\_\_ Gender    M / F

\_\_\_\_\_ Birth date \_\_\_\_\_ Gender    M / F

\_\_\_\_\_ Birth date \_\_\_\_\_ Gender    M / F

\_\_\_\_\_ Birth date \_\_\_\_\_ Gender    M / F

Are you applying for **Membership** or **Program** Financial Assistance?

MEMBERSHIP

PROGRAM

If membership, which type:  YOUTH  ADULT  FAMILY  SINGLE PARENT FAMILY

How much do you feel you can afford to pay for this membership? \_\_\_\_\_ per month

If program, please name the program: \_\_\_\_\_

How much do you feel you can afford to pay for this program? \_\_\_\_\_

Please check the reason(s) you are applying for financial assistance:

Limited Income

Loss of Job

Medical Bills

Divorce

Other (please specify): \_\_\_\_\_

The YMCA is a non-profit agency open to all people regardless of age, race, gender, religion, or ability to pay. The YMCA of Western Stark County will not deny services to anyone because of inability to pay. Financial assistance will be granted, based on available resources, to anyone who can demonstrate a verifiable need through recognized proof of income.

Valid proof of income will include your last tax return (1040, 1040-EZ, etc. a W-2 only is not expectable) and your last two paycheck stubs or Benefit Statement.

You must show all income in the household (even if all adults will not be included on the membership).

Copies of proof of income must be provided before the application can be approved.

Household Financial Information

\$ \_\_\_\_\_ Adult 1 Monthly Gross Paycheck

\$ \_\_\_\_\_ Adult 2 Monthly Gross Paycheck

\$ \_\_\_\_\_ Alimony / Child Support

\$ \_\_\_\_\_ Supplemental Support (Housing, Food Stamps, Social Security, etc...)

\$ \_\_\_\_\_ Other Income

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

By my signature, I am requesting assistance from the YMCA due to my personal circumstances, and I certify that all information provided is correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised 10/24/2008