



# Financial Assistance

## *CONFIDENTIAL INFORMATION FORM*

Program or Membership for which assistance is requested: \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # --- Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Dependent Children:

Name \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

(School age children must be enrolled in school)

Are you currently employed? \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ # of years employed \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Your present income level is:  Under \$8,000      What is the maximum dollar amount you have the ability to pay?

\$8,001 - \$12,000

\$12,001 - \$15,000      \$\_\_\_\_\_ per week

\$15,001 - \$18,000

\$18,001 - \$20,000      \$\_\_\_\_\_ per month

\$20,001 - \$25,000

Over \$25,000

Can you provide a volunteer service ? \_\_\_\_\_ How many hours per week ? \_\_\_\_\_

What volunteer service can you provide ? \_\_\_\_\_

Before you turn in this application for YMCA financial assistance, please be sure you:

- Enclose a copy of last year's Internal Revenue Tax Statement
- Enclose a copy of your SSI Allocation Statement
- A letter stating why you need financial assistance
- Copies of three recent paycheck stubs for all working adults in your household
- Every question is filled out completely

Failure to provide the above will result in your application being returned to you without approval which in turn will cause you to have to re-apply.

An interview may be required prior to approval.

Payments must be paid in full upon registration.

*\*Please note that the YMCA staff will make very effort to approve/disapprove your application in writing within two weeks.*

In completing this application and signing it, I certify that the information supplied herein is true, accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE ONLY**

Date received \_\_\_\_\_ Date approved/disapproved \_\_\_\_\_

Amount of assistance granted \$ \_\_\_\_\_ for \_\_\_\_\_

Comments: \_\_\_\_\_

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\_\_\_\_\_