



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

\$15,001 - \$18,000 \$_____ per week

\$18,001 - \$20,000

\$20,001 - \$25,000 \$_____ per month

Over \$25,000

Are you currently a member of the Monroeville Area YMCA? _____

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 _____

OFFICE USE ONLY

Date received _____ Date approved/disapproved _____

Amount of assistance granted \$ _____ for _____

Comments: _____
