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Troy & Dollie Family YMCA

Financial Assistance Application

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| --- |
| Applicant Information |
| Membership Type: (please circle one)Household +1 Household 1 Adult Household 2 Adults (no children) Adult Senior Adult (Age 62+) Older Youth/Young Adult (Ages 13-23)  |
| Program Type: Sports :\_\_\_\_\_\_\_\_\_\_\_\_\_ Aquatics:\_\_\_\_\_\_\_\_\_\_\_\_\_ Childcare/Camps:\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Last Name: First Name: Date of Birth: |
| Address: City: State: Zip: Home/Cell Phone: |
| Email address: |
| Employer: Work Phone: |
| Hourly Wage: Annual Income: |
| # of dependents: (You must be able to prove dependents and residence on annual tax returns) |
| List everyone in the household: All persons listed must provide proof of income, if applicable.Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Spouse or other wage earner:Last Name: First Name: Date of Birth: |
| Email address: |
| Employer: Work Phone: |
| Hourly Wage: Annual Income: |
|  **Monthly Family Income (attach proof of income) Monthly Family Expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| Household Wages:Worker’s Comp:Food Stamps:Child Support:Unemployment:Social Security/SSI:Other Income:Total Income: | $ | Rent/Mortgage:Food:Transportation:Child Care:Medical:Utilities:All other:Total Expenses: | $ |
| $ | $ |
| $ | $ |
| $ | $ |
| $ | $ |
| $ | $ |
| $ | $ |
| $ | $ |

Amount you can pay to pay on this membership/program? $\_\_\_\_\_\_ Must be completed. All applicants are asked to pay their fair share.Have you ever been a YMCA Member? Yes No If so, which YMCA?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please list any special circumstances that you feel should be taken into consideration during review of this application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant Date of Application |

For YMCA office use only: Membership Fitness Aquatics Sports Childcare

 Household +1 Household 1 Adult Household 2 Adults (no children) Senior Adult Adult Older Youth/Young Adult (Ages 13-23)

Percent of Assistance:\_\_\_\_\_\_% Percent Participant/Member pays:\_\_\_\_\_\_%

Total due at enrollment: **Monthly Bank Draft**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {First month\* must be paid at enrollment/bank draft will begin the following month}

 **Quarterly Membership**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {First month\*} + $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {3 months} = Total Due at signing:$\_\_\_\_\_\_\_\_\_\_\_\_

Date of application processing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* 1st month is pro-rated

