



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE Confidential Application

The Central Coast YMCA believes in providing membership and program services to all who desire to participate. The financial assistance program, supported through our annual Strong Communities Campaign, provides financial assistance to those in need.

In order for us to process your application, all of the following information is REQUIRED.

- All information in this application fully completed.
- A copy of the first page of your IRS 1040 Federal Tax Form from the most recent tax year. The return must show income for ALL adults in the household and proof of dependents/children. If all adults in the household did not file jointly, a separate tax form is required for each adult.
- Documentation of ANY Federal or State assistance anyone in the household receives such as food stamps, rent subsidy, social security checks, disability checks, unemployment assistance or Aid to Dependent Children.
- If requesting assistance as a full-time student, evidence of College enrollment must be provided.
- If additional people are requested to be added at a later date, a new application will be required.

Please allow two weeks to process your application once ALL required documentation is received.

PRIMARY CONTACT INFORMATION

Name _____ Birth Date _____
 Address _____ City _____
 Zip _____ Preferred Phone _____ Alternate Phone _____
 Email Address _____

(Note: All financial assistance correspondence will be sent by email)

LIST ALL HOUSEHOLD MEMBERS (Including applicant)

First Name	Last Name	Date of Birth	Dependent (Y/N)	Relationship	Y Membership (Y/N)
1.					
2.					
3.					
4.					
5.					

MEMBERSHIP TYPE BEING REQUESTED

- Family (2 adults who consider themselves a couple and live in the same household or single parents with children through age 18. Children ages 19 – 22 must be full-time students and show proof of current school registration)
- Adult (ages 25 and older)
- Young Adult (ages 18-24. Must be full-time student and show proof of current school registration)
- Youth (ages 11-17)
- Program Participant

WHY YOU ARE REQUESTING FINANCIAL ASSISTANCE (Attach letter if additional space is needed)

HOUSEHOLD MONTHLY INCOME

1. What is the Primary Contact's monthly income \$ _____
2. What is the TOTAL HOUSEHOLD monthly income \$ _____
3. Number of individuals living in household: Adults _____ Children _____
4. Details and amounts of other monthly income or assistance you currently receive for:
Unemployment \$ _____ Social Security (SSi) \$ _____
Disability _____ Child Support / Alimony \$ _____
Pension/retirement \$ _____ Other (Describe Below) \$ _____
Amount of any other financial assistance (Describe below) \$ _____
Describe any other/additional financial assistance received _____

5. Total Annual Household Income: \$ _____

ARE THERE ANY ADDITIONAL FACTORS THAT WE SHOULD TAKE INTO CONSIDERATION

PLEASE NOTE: Supporting documents will not be returned, so please enclose photocopies. You will be notified when it is time to reapply for financial assistance. Each application is reviewed and approved independently. If there are changes in your income, please notify the YMCA.

I certify by my signature below, that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need, if requested. I am aware that on-time payments are required to receive financial assistance. I understand that all YMCA members and Program Participants are subject to the rules and regulations of the YMCA.

X

Signature **Date**

For Office Use Only

Branch: _____

Date Received ___/___/___ Staff Contact _____ Documents Complete _____

Membership Type: Adult Family Young Adult Youth Programs

Approved: YES NO _____% Assistance Approved by: _____ Date: _____

Declined Reason: _____

Additional information required _____