

# YMCA Financial Assistance Application

Please submit your completed application along with proof of income (most recent month's worth), current tax return and public assistance verification. Applications will be reviewed and your monthly fee amount will be determined and mailed to the address given, within 10-14 business days.

If you do not have a current tax return please call the IRS at 1-800-829-1040 for a free copy of your 1040 stating gross income and verification of dependents.

If you do not file a tax return you must complete a 4506-T non-filing status form. This form is available at the member service desk. Applicants are responsible for mailing to IRS.

## IMPORTANT INFORMATION:

- Applications will be reviewed and your monthly fee amount will be determined and mailed to the address given, within 10-14 business days.
- The Y requires individuals and households to reapply annually, with updated documentation for all adults.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time required, your membership will expire.

If you have any questions about this application or our financial assistance process, please contact Melynda Brewer at [Melynda.Brewer@MyYNow.org](mailto:Melynda.Brewer@MyYNow.org) or at 336.474.5245

## 1 I AM APPLYING FOR: please choose one

- ☐ Youth Membership (ages 12 and under)
- ☐ Teen Membership (ages 13-18)
- ☐ Young Adult Membership (ages 19-24)
- ☐ Adult Membership (ages 25-64)
- ☐ 1 Adult + Children Membership
- ☐ 2 Adult Membership
- ☐ Household Membership (2 adults & dependents)
- ☐ Household Plus Membership (3 adults & dependents)
- ☐ Household Premium Membership (4 adults & dependents)
- ☐ Senior Adult Membership (65+)
- ☐ 2 Senior Adult Membership
- ☐ Assistance for Joining Fee only (This is a one-time fee paid the day you join.)

## 2 APPLICANT INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Best Phone # to call \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone # \_\_\_\_\_

## 3 ALL PERSONS LIVING IN THIS HOUSEHOLD

Name (2nd Adult) \_\_\_\_\_  
DOB \_\_\_\_\_ Best Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer \_\_\_\_\_

### DEPENDENT CHILDREN LIVING IN HOUSEHOLD:

|            |           |
|------------|-----------|
| Name _____ | DOB _____ |
| Name _____ | DOB _____ |
| Name _____ | DOB _____ |
| Name _____ | DOB _____ |
| Name _____ | DOB _____ |

## 4 PROVIDE THE FOLLOWING MONTHLY INCOME AND EXPENSE INFORMATION

| Monthly Income:               | Household Adults: | Child(ren): |
|-------------------------------|-------------------|-------------|
| Pre tax wages, salaries, tips | \$ _____          | \$ _____    |
| Self-employment income        | \$ _____          | \$ _____    |
| Unemployment                  | \$ _____          | \$ _____    |
| Social Security               | \$ _____          | \$ _____    |
| Alimony / Child Support       | \$ _____          | \$ _____    |
| Pension / Retirement          | \$ _____          | \$ _____    |
| EBT / SNAP                    | \$ _____          | \$ _____    |
| Housing                       | \$ _____          | \$ _____    |
| Disability                    | \$ _____          | \$ _____    |
| Educational Grants            | \$ _____          | \$ _____    |
| Subsidized Child Care         | \$ _____          | \$ _____    |

Monthly House/Rent Expense \$ \_\_\_\_\_

Monthly amount you can afford: \$ \_\_\_\_\_

## 5 HAVE YOU DONE THE FOLLOWING:

- ☐ I have not left any blanks on my application.
- ☐ I have provided my most recent IRS tax return.
- ☐ If I receive any public assistance such as food stamps, housing, TANF, SSI, etc., I have provided copies of my award letter.
- ☐ If I am a student, I have attached a copy of my school financial aid award letter.
- ☐ I have provided proof of my most recent month's income and the same for anyone else in the household.
- ☐ I certify that all of the information I provided is true and complete to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## THE ESSENCE OF THE Y

## FINANCIAL ASSISTANCE POLICY

**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**