

Y FOR ALL PROGRAM APPLICATION



This document must be completed in full for consideration. All of the following information must be included before processing will occur:

- All household income sources and assistance must be documented and included with this application, special circumstances must include a written, signed letter
- Bring your last two paycheck stubs from all employers of household members
- Bring your most recent W2 and the most recent income tax return (1040) for the household
- Signed letters from employers if any of the above is not available
- Proof of all public assistance for household members

FOR OFFICE USE ONLY

Gross Yearly Income _____
 Total Household Members _____
 F.A. Approval % _____
 Date Approved _____
 Approved By _____
 Applicant Contact Date _____
 Branch _____

Personal Information (Please Print)

Name of Person Receiving Assistance	Birthdate	Gender	
Spouse's Name (if applicable)	Birthdate	Gender	
Address	City	State	Zip
Day Phone	Evening Phone	Mobile Phone	
Email Address			
Number of Adults in Household _____		Number of Children in Household _____	

Dependents Living at Home

Name	Birthdate	Gender
Name	Birthdate	Gender
Name	Birthdate	Gender
Name	Birthdate	Gender

Employment/Income (All Household Employers Must be Listed)

Employer Name 1	Phone Number
Employer Name 2	Phone Number
Employer Name 3	Phone Number

Is anyone in your household receiving any educational financial assistance? Yes No
 Documentation of this financial assistance must be included with application.

Household Monthly Income

Wages _____
 Social Security _____
 Food Stamps _____
 Unemployment _____
 Child Support/Alimony _____
 Pension/Retirement _____
 All Other _____
Total _____

Household Monthly Expenses

Rent/Mortgage _____
 Groceries _____
 Phone _____
 Utilities _____
 Car Payments _____
 Medical _____
 Other _____
Total _____

Please check ALL areas that you will need assistance in:

- Membership
- Youth Sports
- Afterschool Childcare
- Summer Camp
- Aquatics
- Other – Please List _____

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation in full, and for all members of my household. I understand that this application expires annually, and I must reapply as requested by the branch to continue receiving assistance.

Applicant's Signature _____ Date _____
 Are you willing to volunteer/share your story? Yes No Please return this application to your local YMCA branch.