



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALWAYS WELCOME AT THE Y

FINANCIAL ASSISTANCE APPLICATION (Please complete 1-4)

1. I'M A: (Circle one): POTENTIAL MEMBER FULL RATE MEMBER MEMBER SUBMITTING RENEWAL

2. APPLICANT INFORMATION: 1st & 2nd ADULT

1ST ADULT Name:		DOB:
Mailing Address:		
City:	State:	Zip code:
Phone:	Email:	
Employer:	Length of employment:	
2ND ADULT Name:		DOB:
Phone:	Email:	
Employer:	Length of employment:	

3. ALL OTHERS LIVING IN THE HOUSEHOLD

Adult/Child	DOB	Relationship
Adult/Child	DOB	Relationship
Child	DOB	Relationship
Child	DOB	Relationship
Child	DOB	Relationship

4. <u>IF WORKING PLEASE INCLUDE THE FOLLOWING MANDATORY DOCUMENTS:</u>	<u>IF NOT WORKING OR IF ADDITIONAL INCOME PLEASE INCLUDE:</u>
-Most Recent 1040 Federal Tax Form (page 1 and 2) for all incomes in the household	<u>Documents showing most recent 30 days of income:</u>
AND	Social Security statements
-Two Most Recent, Consecutive Pay stubs for each working individual in the household	Disability statements
	Child/Spousal support
	Food stamps
	Unemployment
	VA benefits
	Retirement

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that the subsidy is based on need. I understand that if I falsify any of the above information, I will not be eligible for assistance now and (or) in the future. I understand that if I do not reapply by the time period specified, my rate will revert to the full price OR could result in account cancellation.

SIGNATURE OF PERSON COMPLETING THIS FORM	DATE
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FOR STAFF USE ONLY (UPON ACCEPTANCE)

Date Received: _____ Staff Name: _____

Please initial to verify the following: **(MAKE COPIES OF ALL DOCUMENTS, DO NOT KEEP ORIGINALS)**

 ALL adults and children that live in the household are included on the application

____ 1040 AND 2 most recent, consecutive pay check stubs are provided for the household

____ ALL other financial documents are included for all adults in the household

____ Proof of Residency is provided for ALL individuals not listed as a dependent on the 1040 or if applicant does not file.

FOR STAFF USE ONLY (REVIEW & AWARD)

Date Processed: _____ Approved: _____ Denied: _____

Check when completed:	%Membership	%Programs
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Entered in CORE:

Approval Mailed/Emailed/Called

Length (3-12 months)

NOTES

[illegible]