



EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Annual Campaign, the Y provides assistance to youth, adults and families based on individual needs and circumstances.

PRIMARY ADULT – PLEASE PRINT LEGIBLY

..... First & Last Name		Do you receive income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
()		Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
..... Phone E-mail		<input type="checkbox"/> Retired	<input type="checkbox"/> P/T
			<input type="checkbox"/> F/T	
..... Address		Are you enrolled in school?	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time
..... Apt. City	Do you own or rent a home?	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
			<input type="checkbox"/> Unhoused	
 Zip			

SECONDARY ADULT

..... First & Last Name		Do you receive income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
..... E-mail		Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Retired	<input type="checkbox"/> P/T
			<input type="checkbox"/> F/T	
		Are you enrolled in school?	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time
		Do you own or rent a home?	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
			<input type="checkbox"/> Unhoused	

FAMILY MEMBERS

..... First & Last Name Date of Birth Grade Name of school(s) currently attending
..... First & Last Name Date of Birth Grade Name of school(s) currently attending
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WHAT PROGRAM(S) ARE YOU APPLYING FOR? Check all that apply.

<input type="checkbox"/> MEMBERSHIP	<input type="checkbox"/> PROGRAMS
INDIVIDUAL	<input type="checkbox"/> Child Care
<input type="checkbox"/> Adult	<input type="checkbox"/> Day Camp
<input type="checkbox"/> Senior	<input type="checkbox"/> Swim Lessons
<input type="checkbox"/> Youth	<input type="checkbox"/> Summer
FAMILY	<input type="checkbox"/> Holiday Camp
<input type="checkbox"/> One adult w/kids	<input type="checkbox"/> Group Lessons
<input type="checkbox"/> Two adults	<input type="checkbox"/> School year
<input type="checkbox"/> Two senior adults	<input type="checkbox"/> Summer Camp
<input type="checkbox"/> Two adults w/kids	<input type="checkbox"/> Other
<input type="checkbox"/> Three adults with/without kids	<input type="checkbox"/> Resident Camp
	<input type="checkbox"/> Youth Sports
	<input type="checkbox"/> Other

HOUSEHOLD MONTHLY INCOME

Include all sources of income in totals:

1. Your total monthly gross income \$
2. Secondary adult total monthly gross income \$
3. Other adults in household total monthly gross income \$
- Total Household Monthly Gross Income:** \$
- Total Annual Gross Income (monthly x12)** \$

INCOME VERIFICATION

Please bring one of the following document(s) at the time of your application or within 14 days of approval. If verification is not completed your assistance will be terminated. Note: The Y will not retain these documents so you do not need to provide us copies.

- | | |
|---|--|
| <input type="checkbox"/> TANIF | <input type="checkbox"/> Disability benefit statement |
| <input type="checkbox"/> Last 2 months paystubs | <input type="checkbox"/> Social Security check copy |
| <input type="checkbox"/> IRS Form 1040 or 1040EZ | <input type="checkbox"/> Pension/Retirement statements |
| <input type="checkbox"/> Self-employed IRS Schedule C | |
| <input type="checkbox"/> Unemployment benefit statement | |

Are there any other factors that we should take into consideration in evaluating your need for assistance?

.....

.....

.....

Sources of income (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Paid employment | <input type="checkbox"/> Unemployment benefits |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Alimony <input type="checkbox"/> Disability |
| <input type="checkbox"/> Social Security (SSI) | <input type="checkbox"/> Pension/Retirement |

Sources of county/government support:

- Does your child qualify for free or reduced lunch? Yes No
- Do you receive any type of public benefit? (Cal Fresh, Housing, 3rd Party Payer, etc.) Yes No
- Do you currently have any foster children? Yes No

The full rate of your membership category is \$

How much can you afford to pay? \$

ACKNOWLEDGEMENT

I acknowledge 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 acknowledge, that if approved, my financial assistance is valid for 12 months from the date of approval (for membership) or is valid for program session length (child care & day camp). I acknowledge that I am responsible for submitting my renewal application 30 days prior to my expiration date. Failure to renew my application will result in my dues/fees reverting to full price. I am aware that on-time program payments are required to maintain enrollment in Y program or membership. I acknowledge that each application is reviewed and approved independently. If there are changes to my income, I will notify the YMCA.

X

Signature Date

Your signature indicates that you understand the policies and procedures of the YMCA Membership for all programs.

FOR STAFF USE ONLY

Branch: CC CN EC EPA EV MM NW PA SEQ SW SV (Circle one)

Membership Category: **Date Income Verified**

Program Category: **Expiration Date**

% Approved: **\$ Approved:** **\$ Member Pays:**

Staff Name: **Signature:**

Supervisor Name or Second Approver: **Signature:**