



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

()
Phone E-mail

.....
Address

.....
Apt. City Zip

Do you receive income? Yes No

Are you employed? Yes No Retired P/T F/T

Are you enrolled in school? Part-Time Full-Time

Do you own or rent a home? Own Rent Unhoused

SECONDARY ADULT

.....
First & Last Name

.....
E-mail

Do you receive income? Yes No

Are you employed? Yes No Retired P/T F/T

Are you enrolled in school? Part-Time Full-Time

Do you own or rent a home? Own Rent 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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..... First & Last Name Date of Birth Grade Name of school(s) currently attending

WHAT PROGRAM(S) ARE YOU APPLYING FOR? Check all that apply.

MEMBERSHIP

INDIVIDUAL

Adult Senior Youth

FAMILY

One adult w/kids Two adults

Two adult w/kids Three adults

PROGRAMS

Child Care **Day Camp** **Swim Lessons**

Summer Holiday Camp Group Lessons

School year Summer Camp Other

Resident Camp **Youth Sports**

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.

- TANIF Disability benefit statement
- Last 2 months paystubs Social Security check copy
- IRS Form 1040 or 1040EZ Pension/Retirement statements
- Self-employed IRS Schedule C
- Unemployment benefit statement

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

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Sources of income (check all that apply):

- Paid employment Unemployment benefits
- Child Support Alimony Disability
- Social Security (SSI) 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 am aware that on-time program payments are required to maintain enrollment in Y program or membership. I understand I am subject to the rules and regulations of the YMCA. I acknowledge that I will be notified when it is time to reapply for financial assistance. 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:

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

Staff Name: Signature:

Supervisor Name or Second Approver: Signature: