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? □ Yes □ No
Phone

Are you employed? □ Yes □ No □ Retired □ P/T □ F/T
E-mail

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

Do you own or rent a home? □ Own □ Rent □ Unhoused
Apt. City Zip

SECONDARY ADULT

First & Last Name

Do you receive income? □ Yes □ No
E-mail

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

What Program(s) Are You Applying For? Check all that apply.

MEMBERSHIP

□ INDIVIDUAL
□ Adult □ Senior □ Youth

□ FAMILY
□ One adult w/kids □ Two adults □ Two senior adults
□ Two adults w/kids □ Three adults with/without kids

PROGRAMS

□ Child Care □ Day Camp □ Swim Lessons
□ Summer □ Holiday Camp □ Group Lessons
□ School year □ Summer Camp □ Other
□ Resident Camp □ Youth Sports
□ Other

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### 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):** $..........................

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

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

**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 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.

**Signature**  

Date

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

### FOR STAFF USE ONLY

**Branch:**  

**Membership Category:**  

**Program Category:**  

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

**Staff Name:**  

**Supervisor Name or Second Approver:**