



**FOR OFFICE USE ONLY**

Gross Yearly Income \_\_\_\_\_

Total Household Members \_\_\_\_\_ F.A. Approval % \_\_\_\_\_

Date Approved \_\_\_\_\_ Approved By \_\_\_\_\_

Applicant Contact Date \_\_\_\_\_ Branch \_\_\_\_\_

# GIVING BACK AND SUPPORTING OUR NEIGHBORS

## Financial Assistance for You and Your Family

### 1 APPLICANT INFORMATION

Name		
Home Address		
City	State	Zip
Home Phone ( )	DOB (mm/dd/yy)	
Email		
If a child (under 18): parent's or legal guardian's name		

### 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a  checkmark for each family member applying for assistance

Parent/Adult	<input type="checkbox"/>	Employer
Parent/Adult	<input type="checkbox"/>	Employer
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Other dependent(s)	<input type="checkbox"/>	Age(s)

### 3 HAVE YOU EVER RECEIVED YMCA FINANCIAL ASSISTANCE?

No  Yes If yes, when? \_\_\_\_\_ Branch? \_\_\_\_\_

### 4 THIS IS AN APPLICATION FOR:

- Membership
  - Youth, Ages 15 & Under
  - Teen/Young Adult, Ages 16-24
  - Adult, Age 25+
  - One Adult + Child(ren)
  - Two Adults + Child(ren)
  - Two Adults/Couple
- Child Care\*     Camp\*     Other

**\*FOR CHILD CARE/CAMP ONLY**

What other options for child care are available to you?	
Child Custody Status <input type="radio"/> SOLE <input type="radio"/> JOINT <input type="radio"/> FOSTER PARENT <input type="radio"/> I DO NOT HAVE CUSTODY	
Parent #1 Name	Employer
Position/Title	Phone
Parent #2 Name	Employer
Position/Title	Phone

**5 HOUSEHOLD - MONTHLY INCOME**

Please fill in the boxes with all of the financial resources you and/or your family receive on a **monthly basis**. Documentation must be attached or the application will be returned to you.

	Adult #1	Adult #2	Children	HOUSEHOLD MONTHLY INCOME TOTAL
Total Gross Wages				
Child Support				
Aid to Dependent Children (ADC)				
Social Security Income				
Social Security Disability				
Unemployment				
Alimony				
Retirement				
Pension				
Monthly Value of Food Stamps				
HUD (Section 8)				
<b>Other Assistance</b> (child care subsidy, federal/state aid, medical aid, etc.)				
<b>Total Monthly Income</b>				
<b>Total Annual Income</b> (Total Monthly Income x 12)				

**6 HOUSEHOLD - MONTHLY EXPENSE**

Please fill in the boxes with all of the financial expenses that you incur.

	HOUSEHOLD MONTHLY EXPENSE TOTAL
Rent/Mortgage	
Groceries	
Phone	
Utilities	
Car Payment	
Medical	
Other	
<b>List Total Monthly Expense</b>	
<b>List Total Annual Expense</b>	

**7 HOW MUCH CAN YOU PAY MONTHLY FOR:**

1. Membership? \_\_\_\_\_
2. Childcare? \_\_\_\_\_
3. Program? \_\_\_\_\_

**If you have questions or require additional clarification regarding the application process, please contact our Membership Director. All information is kept strictly confidential.**

**DOCUMENTATION NEEDED:**

- 1040 TAX RETURN
- 2 CURRENT PAY STUBS
- DISABILITY DOCUMENT
- SUPPLEMENTAL SECURITY INCOME (SSI) DOCUMENT

**8**

**ADDITIONAL INFORMATION**

I need YMCA financial assistance because:

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Please use this section to indicate any other information or extenuating circumstances that you feel were not included in this application. If you need more space, attach an additional piece of paper to the form. You may also be asked to include a separate letter, if necessary.

**SHOULD YOU NEED TO CONTINUE ASSISTANCE THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS.**

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 financial assistance is based on need. In the event that I, or my children, must cancel my/our participation, I will contact the YMCA immediately so financial assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

**9**

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

Submit completed form and requested documents to your YMCA branch.

**The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.**