



CONFIDENTIAL

Application for Financial Assistance

DATE RECEIVED IN OFFICE: _____

Membership/Program Information:

Please indicate the Membership/Program for which you are applying:

Are you interested in a membership for (please check):

- Passport (includes all YMCA of Greater Rochester facilities)
- Neighborhood (includes Monroe & Southwest)
- Maplewood, Southwest or Victor Branches only

Membership Type		Program (s)	
<input type="checkbox"/> Youth (0-18 yrs.)	<input type="checkbox"/> Family	<input type="checkbox"/> Before/After	<input type="checkbox"/> Summer Day Camp
<input type="checkbox"/> Young Adult (19-26 yrs.)	<input type="checkbox"/> Individual Parent	<input type="checkbox"/> School SACC	<input type="checkbox"/> Full-Day Child Care
<input type="checkbox"/> Adult (27-59 yrs.)	<input type="checkbox"/> Senior (60+ yrs.)	<input type="checkbox"/> Resident Camp	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Couple			

Applicant Information:

First Name: _____ Last Name: _____
 Gender: _____ Date of Birth: _____ Address: _____
 City/State/Zip: _____ E-Mail Address: _____
 Home Phone: _____ Work Phone: _____
 Marital Status: __Single __Married __Separated __Divorced __Widowed
 Employer: _____ Employer Address: _____
 City, State, Zip: _____
 Occupation: _____ Length of Employment: _____

SPOUSE INFORMATION:

First Name: _____ Last Name: _____
 Gender: _____ Date of Birth: _____ Address: _____
 City, State, Zip: _____ Home Phone: _____ Work Phone: _____
 Spouse's Employer: _____ Employer's Address: _____
 City, State, Zip: _____ Occupation: _____ Length of Employment: _____

Dependent Information

Only children who are born to you, legally adopted/guardianed by you, and claimable on your taxes will be considered dependents. Children over the age of 18 are considered a dependent only if you claim them on your federal income tax form.

First Name	Last Name	Date of Birth	Age	Relationship to Applicant

Other Adults in the Household

First Name: _____ Last Name: _____
 Gender: _____ Date of Birth: _____ Relationship to Applicant: _____
 Individual's Employer: _____ Employer's Phone: _____
 Employer's Address: _____ City, State, Zip: _____
 Occupation: _____ Length of Employment: _____

First Name: _____ Last Name: _____
 Gender: _____ Date of Birth: _____ Relationship to Applicant: _____
 Individual's Employer: _____ Employer's Phone: _____
 Employer's Address: _____ City, State, Zip: _____
 Occupation: _____ Length of Employment: _____

Monthly Household Income – ALL SOURCES *(This section must be completed or your application will be considered incomplete)*

Monthly Income		Monthly Expenses	
(Gross)Wages/Salaries/Tips	\$ _____	Rent/Mortgage	\$ _____
Unemployment	\$ _____	Utilities/Phone	\$ _____
Social Security Compensation	\$ _____	Food	\$ _____
Child Support	\$ _____	Clothing	\$ _____
Aid to Dependent Children	\$ _____	Car/Insurance	\$ _____
Food Stamps	\$ _____	Alimony	\$ _____
Alimony	\$ _____	Child Support	\$ _____
Housing Assistance/Section 8	\$ _____	Medical	\$ _____
Retirement/Pension	\$ _____	Other	\$ _____
DHS Subsidy	\$ _____		
Other	\$ _____		
Total	\$ _____	Total	\$ _____

Your application will not be processed without the following: A) Most recent year's Federal Income Tax form (first two pages); B) Four recent paycheck stubs; C) Proof of child support and/or social security benefits

Is any portion of your membership or program fees reimbursable by your insurance company?

Yes _____ No _____

If yes, under what health insurance plan are you currently covered? _____

How much can you afford to pay? _____

Is the applicant a current YMCA Member? _____ If yes, which branch? _____

Explain why you would like to be considered for financial aid at the YMCA (include any special circumstances) _____

I realize that the YMCA's financial resources are limited and; therefore, if eligible, I am expected to seek additional funding from other sources such as the Office of Children and Family Services, if applicable. I also certify that the above information is true and complete to the best of my knowledge.

Signature of Applicant or Parent/Guardian _____

Date _____

YMCA of Greater Rochester

For Office Use Only	
Membership/Program _____	Regular Fee _____
Subsidy % _____	Start Date _____
Joiner Fee _____	Review Date _____
Membership Fee/Mo. _____	Exp. Date _____
Branch Signature _____	
Date _____	