



## 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	\$ _____		
<b>Total</b>	\$ _____	<b>Total</b>	\$ _____

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 _____	