



YMCA of the Triangle Financial Assistance Application

Date of Application: _____

Please check if this is a new Financial Assistance Application or a renewal: ___ New ___ Renewal

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Place of Employment: _____

Occupation: _____ Length of Employment: _____

	Spouse/Child(ren)'s Name(s)	Grade	School/Employer	Birth Date	Age
1					
2					
3					
4					
5					
6					
7					

Are you a single-parent household? Yes No

This application is for: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Summer Camps |
| <input type="checkbox"/> After School Care | <input type="checkbox"/> Before School Care |
| <input type="checkbox"/> Tracking Out Camps | <input type="checkbox"/> Other Programs _____ |

Have you ever applied for financial assistance before at the YMCA? Yes No

If yes, which YMCA and what for? _____

- Your present household income level is:
- Under \$8,000
 - \$8,001 to \$12,000
 - \$12,001 to \$15,000
 - \$15,001 to \$18,000
 - \$18,001 to \$20,000
 - \$20,001 to \$25,000
 - Over \$25,000

What is the dollar amount that you are able to pay each month?

Membership \$ _____ per month
Child Care \$ _____ per month
Program \$ _____ per session

Income Information (Please be specific. Failure to report all sources of income and support may revoke your financial assistance privileges.)

INCOME – *please attach supporting documentation*

Wage, salaries, and tips \$ _____
Unemployment compensation \$ _____
Social Security compensation \$ _____
Child Support \$ _____
Aid to dependent children \$ _____
Food Stamps \$ _____
401K/retirement funds \$ _____
Alimony \$ _____
Other \$ _____

TOTAL INCOME \$ _____

Why are you applying for financial assistance? _____

Your **program application**, and the following must accompany this financial assistance application:

1. Your most recent Federal Income Tax return (Form 1040; 1040EZ)
2. Last two pay stubs (most recent), or
3. Letter from employer stating annual salary

Please read the following:

I hereby certify that the information given above is true, accurate, and complete to the best of my knowledge. I am also aware that if any of the information I have provided is incorrect that my financial assistance privileges can be revoked.

Signature _____ Date _____