

FRANKLIN-GROVE CITY YMCA FINANCIAL ASSISTANCE APPLICATION

Please Select Options:

- | | | |
|--|--|--|
| <input type="checkbox"/> Family Membership | <input type="checkbox"/> Youth Membership (0 - 12 yrs.) | <input type="checkbox"/> Program Participation |
| <input type="checkbox"/> Single Parent Family Membership | <input type="checkbox"/> Teen Membership (13 yrs. - High School) | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Adult Membership | <input type="checkbox"/> College Membership (Full Time, undergraduate) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Senior Citizen Membership (60+) | <input type="checkbox"/> Senior Citizen Family Membership | |

Applicant's Name: _____ Phone: (____) _____

Address: _____ City, State: _____ Zip: _____

Sex: _____ Birth Date: _____ E-Mail Address: _____

Parent/Guardian Name: _____ Contact Number: (____) _____

Address: (if different from above): _____ City, State: _____ Zip: _____

Please list family members in your household:

_____	Birth date _____	Age: _____	Sex: _____
_____	Birth date _____	Age: _____	Sex: _____
_____	Birth date _____	Age: _____	Sex: _____
_____	Birth date _____	Age: _____	Sex: _____
_____	Birth date _____	Age: _____	Sex: _____
_____	Birth date _____	Age: _____	Sex: _____

INCOME

Please provide proof of income: Tax Return from previous year or W-2 **and** either your two most recent Pay Stubs from each employed person or SSI, Alimony, etc. Your application **will not** be processed without this information. ***Please "black-out" your social security number if it is listed on any of your income proof or tax forms. Thank you!**

Net Earnings: _____ (Multiply your hourly wage by the number of hours you work per week, multiplied by 52.)

Place of Employment : _____ **Length of Employment:** _____

Additional Income (Please list monthly amounts and include proof):

Child Support:	SSI:	Other:	Unemployment:
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Please provide other considerations that should be taken into account: Feel free to write on the back of this form.

Approved financial assistance applicants will be reviewed on a yearly basis. One month prior to your renewal date a new financial assistance application will be mailed to you. You will be required to fill out and submit the application and provide current supporting documents. Failure to do so will result in termination of your membership.

All questions must be completed and supporting documents attached. If approved, any changes in your financial situation must be reported. Failure to do so may result in termination from the program.

To the best of my knowledge and belief I attest the information I have provided to be correct and current. I understand that I may be asked to provide references.

Applicants Signature: _____ **Date:** _____

For Office Use Only

Application received by: _____ Date: _____

Approved by/rate: _____ Date: _____

Membership start date: _____ Payment method: _____ Full Pay _____ Draft

