

Date of Application: _____

**Wabash County YMCA
Financial Assistance Application**

Please fill out this form, attach the necessary documents (photocopies only), and return to the Wabash County YMCA, to the attention of Financial Assistance. If approved for assistance, the fee balance may be paid with cash, check, or credit card, or arrangements must be made through our automatic payment plan.

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

City: _____

Place of Employment: _____

State: _____

Length of Employment: _____

Zip Code: _____

Birth Date: _____

	Spouse/Child(ren)'s Name(s)	Age	School/Employment	Birth Date	Sex
1					
2					
3					
4					
5					
6					
7					
8					
9					

Are you applying for: Membership Assistance? Yes No

If Yes, which type? Youth Adult Family Senior Adult Senior Couple

OR...Are you Applying for: Program Financial Assistance Yes No If yes, Program Name _____

Have you ever applied for scholarship assistance before at the YMCA? Yes No If yes, what for? _____

Please check the reasons you are applying for Financial Assistance at this time.

Limited Income Loss of Job Medical Bills Divorce Other

(Please explain your checkmark) _____

What benefits do you see in having this assistance to join the YMCA as a member or participant? _____

Your present gross income level for your household is? Under \$10,000 \$10,001 - \$15,000
 \$15,001 - \$20,000 \$20,001 - \$25,000 \$25,001 - \$30,000 Over \$30,000

Please itemize your monthly income and expenses for all persons living in your household:

<u>Income Amount</u>		<u>Proof of Income</u>		<u>Expenses</u>	
		*Valid proof of income includes these, but is not limited to:			
Wage, salaries, tips	\$ _____	<input type="checkbox"/> W2s & IRS Tax Statement	Rent/Mortgage	\$ _____	
Unemployment Comp	\$ _____	<input type="checkbox"/> Unemployment Stub	Utilities	\$ _____	
Social Security Comp	\$ _____	<input type="checkbox"/> Check Stub	Food	\$ _____	
Child Support	\$ _____	<input type="checkbox"/> Court Settlement	Clothing	\$ _____	
Aid to dependent children	\$ _____	<input type="checkbox"/> Stub	Phone	\$ _____	
Food Stamps	\$ _____	<input type="checkbox"/> Gov't Proof	Car/Insurance	\$ _____	
401K/Retirement Funds	\$ _____	<input type="checkbox"/> Proof	Alimony	\$ _____	
Alimony	\$ _____	<input type="checkbox"/> Court Settlement	Child Support	\$ _____	
Other	\$ _____	<input type="checkbox"/> Proof	Medical	\$ _____	
Other	\$ _____	<input type="checkbox"/> Proof	Other	\$ _____	
TOTAL INCOME	\$ _____		TOTAL EXPENSES	\$ _____	

You must attach a copy of last year's Internal Revenue Service Tax Statement, your SSI allocation statement, and/or government assistance to verify your annual earnings.

The Wabash County YMCA is a non-profit agency open to all people regardless of age, race, sex, religion, or ability to pay. The Wabash County YMCA will not deny services to anyone because of the inability to pay. Financial Assistance will be granted based on available resources, to anyone who can demonstrate a verifiable need through recognized proof of income. Valid proof of income will include but are not limited to the last tax return, your last paycheck stubs, and your most recent W-2 forms. Copies of the proof of income must be provided before the application can be approved. Social Security dependents need to furnish proof from Social Security.

By my signature, I am requesting assistance from the YMCA due to personal circumstances, and I certify that all information provided is correct.

Signature _____ Date _____

For Office Use Only:	
\$ _____	Published Rate/Membership Type Amount of Assistance Paid by Member
\$ _____	
\$ _____	
Bank Draft: _____	Month \$ _____
Comments: _____	

Staff Signature _____	Date Approved _____
Expiration Date _____	