

# Financial Assistance

## Personal Information *(Please Print)*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Gender M / F  
Birthday mm/dd/yyyy \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: Single Married Divorced Separated  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_  
Email \_\_\_\_\_ May we email you membership and program updates: Y / N  
Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_  
Spouse Full Name \_\_\_\_\_ M / F Birthday mm/dd/yyyy \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employer Name & Number \_\_\_\_\_

Anyone who is listed on the sex offenders registry is ineligible for YMCA membership.

## Membership Information

Membership Type: Youth Single Adult Family Senior Senior Couple

Fill out information below for additional names to be included on the membership. (include first and last names)

1. \_\_\_\_\_ DOB \_\_\_\_\_ M / F Relationship \_\_\_\_\_  
2. \_\_\_\_\_ DOB \_\_\_\_\_ M / F Relationship \_\_\_\_\_  
3. \_\_\_\_\_ DOB \_\_\_\_\_ M / F Relationship \_\_\_\_\_

\*Please list any additional children on back of application.

**On the Spot assistance: 50% off membership and program fees**

**\*MUST PROVIDE completed application AND proof of Food Stamps in order to receive reduction\***

## Household Monthly Income

MUST BE COMPLETED BY APPLICANT FOR CONSIDERATION

Required: **Documentation for ALL household income** must be provided to be processed. If needed, you may be asked to submit additional information.

<u>Monthly Gross</u>	Applicant	Spouse
Salary / Wages	_____	_____
Child Support	_____	_____
Retirement	_____	_____
Food Stamps	_____	_____
Unemployment	_____	_____
Govt. Assist.	_____	_____
HUD	_____	_____
Other	_____	_____

## Acknowledgment

I acknowledge, by my signature below, that all of the information on this form is accurate and complete, to the best of my knowledge.

X \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Please remember to attach appropriate income information with this form.\*\*

This application expires 1 year from the date signed. The reduced price will revert to the regular price if new application is not received prior to Membership Assistance application expiration date.

## For Office Use Only

Fee \_\_\_\_\_ %Awarded \_\_\_\_\_

Exp \_\_\_\_\_ Approved By \_\_\_\_\_

Date \_\_\_\_\_ Monthly Amt \_\_\_\_\_

PROGRAMS % \_\_\_\_\_

Revised: 03/25/2019

STAFF: Circle One Called Left Message

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Assistance Program

## Membership Policies

Members and/or guests must adhere to the YMCA Code of Conduct. Behavior that is contrary to its mission and core values may result in loss of membership privileges.

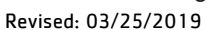
As a member of the Y you agree to: indemnify and hold harmless the YMCA and its officers from claim or liability, arising out of any injury, as a result of participation in YMCA programs or activities.

## Program Assistance

## Our Mission

To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

**Tell us about your situation so we may better assist you:**



500 South Cass Street

(260) 563-YMCA (9622)

**We build strong kids, strong families, and strong communities.**