



# McPherson Family YMCA INCOME BASED FINANCIAL ASSISTANCE APPLICATION

To apply for financial assistance fill out the following information completely. This information will remain confidential. Please fill out information for ALL family members. Applications must be renewed on a yearly basis.

## 1 APPLICANT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ DOB: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 If applicant is under 18, parent/legal guardian's name:  
 \_\_\_\_\_

## 2 2ND ADULT INFORMATION - if applicable

Name: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ DOB: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Email: \_\_\_\_\_

## 3 ALL PERSONS LIVING IN THIS HOUSEHOLD:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Relation: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Relation: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Relation: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Relation: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Relation: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Relation: \_\_\_\_\_

## 4 I AM APPLYING FOR

X Select category for which you are applying.

YOUTH  
 ADULT (18 & older)  
 FAMILY\*  
 ACTIVE OLDER ADULT - ages 62+ Single  
 ACTIVE OLDER Family - ages 62+ Family

\*Includes parents and children until they reach age 18. Children may remain on membership after 18, if they are enrolled as a full-time college student.

## 5 TO APPLY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS FOR EACH ADULT IN THE HOUSEHOLD:

I FILED FEDERAL TAXES for last year and/or receive Social Security:  
 1040 Federal Tax Form(s) for ALL ADULTS in household  
 SSI/Disability Award Letter  
 2 Pay stubs from current job  
 \_\_\_\_\_ Hours worked per week \_\_\_\_\_ Pay per hour  
 \_\_\_\_\_ Hours of overtime

I DID NOT FILE Federal Taxes for last year.  
 We don't accept W-2's or bank statements

6 I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of any changes in information supplied in this application such as income, address, living arrangements, marital status or other matters that might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can and may result in immediate revocation of membership and program privileges.

\_\_\_\_\_  
 Signature of person completing this form

\_\_\_\_\_  
 Date

Attach all application financial documents and turn in at your local YMCA. Approval process takes 2-3 business days.

## OFFICE USE ONLY

Date Application Received: \_\_\_\_\_ Total Income \$ \_\_\_\_\_ New / Renewal Blue Slip Yes / No  
 Scholarship % \_\_\_\_\_ of \$ \_\_\_\_\_ Amt Due \$ \_\_\_\_\_ Monthly for 12 Mo Bank Draft \$ \_\_\_\_\_  
 Monthly for 3 mo Office Pay \$ \_\_\_\_\_ Date Processed: \_\_\_\_\_ 3 Mo Temporary \_\_\_\_\_

