



# MEXICO AREA FAMILY YMCA FINANCIAL ASSISTANCE APPLICATION

## Complete and attach the following forms to the application:

1. Your two most recent pay stubs OR Your most recent Federal tax return
2. Proof of other income (including government assistance: SSI, food stamps, etc)
3. Return all of the above materials along with the completed application to the YMCA

**Application must be filled out completely.**

**Please print clearly and include all required paperwork listed with this form**

### **APPLICANT INFORMATION**

**I am applying for:**      **Membership**      **Programs**      **Other:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ D/O/B: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYMENT STATUS:      FULL TIME      PART TIME

HOURLY WAGE: \$ \_\_\_\_\_ ANNUAL INCOME: \$ \_\_\_\_\_ # OF DEPENDENTS LIVING IN HOUSEHOLD: \_\_\_\_\_

### **LIST THE NAMES AND AGES OF ALL DEPENDENTS, CHILDREN AND ADULTS LIVING IN YOUR HOUSEHOLD**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ D/O/B: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ D/O/B: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ D/O/B: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ D/O/B: \_\_\_\_\_

### **SPOUSE OR OTHER WAGE EARNER INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYMENT STATUS:      FULL TIME      PART TIME

HOURLY WAGE: \$ \_\_\_\_\_ ANNUAL INCOME: \$ \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

### **Financial Assistance is Temporary**

The Mexico Area Family YMCA recognizes that from time to time, people may need some financial help. Financial assistance is intended to be temporary. You will be asked to reapply annually.

### **Mexico Area Family YMCA Financial Policy:**

Mexico Area Family YMCA programs and activities are designed to benefit persons of all backgrounds, and fees are based on the cost of providing each program. While participants are expected to pay their fair share, when financial assistance dollars are available, the YMCA will assist any individual or family that wants to participate but cannot afford the fee.

**PLEASE FILL OUT THE FRONT AND BACK OF THIS FORM**

**MEXICO AREA FAMILY YMCA ● [mexicoymca.org](http://mexicoymca.org) ● 573-581-1540**

	MONTHLY FAMILY INCOME:		MONTHLY FAMILY EXPENSES:
HOUSEHOLD WAGES	\$	RENT/MORTGAGE	\$
WORKER'S COMP	\$	FOOD	\$
FOOD STAMPS	\$	TRANSPORTATION	\$
CHILD SUPPORT	\$	CHILD CARE	\$
ALL OTHER INCOME	\$	MEDICAL	\$
UNEMPLOYMENT	\$	UTILITIES	\$
SOCIAL SECURITY OR SSI	\$	ALL OTHER (CREDIT DEBT ETC)	\$
TOTAL	\$	TOTAL	\$

AMOUNT I CAN PAY TOWARD THIS PROGRAM: \$ \_\_\_\_\_ (Amount must be entered)

Have you ever been a YMCA Member? YES NO IF YES, WHEN?

Why do you want to participate as a YMCA Member or Program Participant?

List special circumstances that you feel should be taken into consideration during review of this application?

APPLICANT SIGNATURE: DATE:

YMCA USE ONLY			
MEMBERSHIP TYPE:		FAMILY	SINGLE PARENT FAMILY
		YOUTH	ADULT
		SENIOR ADULT	SENIOR COUPLE
PROGRAM:		KEYS	DAY CAMP
			YOUTH SPORT
PERCENT OF ASSISTANCE	%	AMOUNT PARTICIPANT PAYS	\$
APPLICATION REVIEWED BY:		DATE APPROVED:	
DATE RECEIVED		STAFF INITIAL	