



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OFFICE USE ONLY

DATE RECEIVED: _____

DATE CONTACTED: _____

FAMILY YMCA OF GREATER LAURENS FINANCIAL ASSISTANCE

Please complete the entire form, sign, date it, and submit to THE FAMILY YMCA OF GREATER LAURENS. All information is confidential. Completion of this application does not guarantee approval. Please allow approximately two weeks for processing. Awarded assistance expires after 12 months. Even if you are only applying for one membership, PLEASE INCLUDE ALL PERSONS LIVING IN YOUR HOUSEHOLD.

Applying For: (Please check all that apply)

Membership: Youth Teen Adult Family Senior
 Afterschool Care
 Child Development Program
 Summer Camp
 Program: _____

FINANCIAL ASSISTANCE CHECKLIST

Verification of the following is needed to process this application.

- | | |
|--|--|
| <input type="checkbox"/> Application Completed | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Section 8 Housing |
| <input type="checkbox"/> AFDC | <input type="checkbox"/> City Housing |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> 2 Paycheck Stubs |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Help With Utility Bill |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Tax Return & Copy of W2's |
| <input type="checkbox"/> Disability | |

Checklist Completed By: _____

INCOME/EXPENSES WORKSHEET

INCOME:

- \$ _____ 1) Gross Monthly Income
\$ _____ 2) Spouse's Monthly Income
\$ _____ 3) Child Support
\$ _____ 4) Aid to Dependent Children
\$ _____ 5) Welfare (copy of card)
\$ _____ 6) Food Stamps
Y ___ N ___ 7) Reduced Lunch Program
\$ _____ 8) Other (Please Explain)

\$ _____ TOTAL MONTHLY INCOME
(Household)
\$ _____ TOTAL ANNUAL INCOME
(Household)

EXPENSES:

- \$ _____ Rent/Mortgage
\$ _____ Auto Loan
\$ _____ Utilities
\$ _____ Phone
\$ _____ Child Support
\$ _____ Medical
\$ _____ Child Care
\$ _____ Other

\$ _____ EXPENSES

Do you share expenses with anyone else in your household? _____ Y _____ N

Total Number in household? _____

Documentation on all income is required, including latest tax return, SSI, AFDC, food stamps, child support, unemployment, disability, retirement, etc.

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days.

Signature of Applicant

Date

PARTICIPANT INFORMATION

NAME _____ HOME PHONE _____

ADDRESS _____ APT. # _____

CITY _____ STATE _____ ZIP _____

CITY RESIDENT _____ YES _____ NO

Are you a current member of the YMCA? _____ YES _____ NO

Are you a full time student? _____ If so, where? _____

Are you married? _____ Total dependents _____

Is spouse a full time student? _____

List names (last names included) and ages of all persons in the household.

NOTE: Your "household" includes dependents you claim on your federal income tax return.

1) _____ Age _____ 5) _____ Age _____

2) _____ Age _____ 6) _____ Age _____

3) _____ Age _____ 7) _____ Age _____

4) _____ Age _____ 8) _____ Age _____

EMPLOYMENT INFORMATION

EMPLOYER _____ WORK PHONE _____

ADDRESS _____ POSITION _____

CITY _____ STATE _____ ZIP _____

LENGTH OF EMPLOYMENT _____ PART-TIME _____ FULL-TIME _____

SUPERVISOR'S NAME _____ GROSS MONTHLY INCOME \$ _____

SPOUSE'S EMPLOYER _____ WORK PHONE _____

POSITION _____ SUPERVISOR'S NAME _____

LENGTH OF EMPLOYMENT _____ GROSS MONTHLY INCOME \$ _____

**** Please provide copies of the following documents:**

* Prior year's income tax return & last 2 paycheck stubs

* Supporting documents for food stamps, medical aid, state or federal aid