

Primary Name (First/Last): _____ Unit: _____

Date of Birth:		Household First/Last Names:	Date of Birth:
Street Address:			
City:			
State:			
Phone:			
Email:			

Please complete the following:

❖ What can you afford to pay per month for membership? _____

❖ Would you like to utilize Kids Zone (\$10/month) as part of your membership: Y N

❖ What is your monthly household income (Past 30 days is most relevant)? _____

❖ Do you or anyone else in your household receive any assistance or support? Y N
Including but not limited to (monthly amount):

Documentation will need to be provided for each line completed. (Reference FAQs on opposite page for list of eligible documentation)

- Social Security/Disability Income: _____
- Food Assistance (SNAP/EBT): _____
- Section 8 Housing: _____
- Unemployment Income: _____
- Disability Income: _____
- Pension Income: _____
- Foster Care Support: _____
- Child Support, Alimony, other misc. income: _____

Additional Information? Anything else we should consider in processing your application?:

I certify the above information is true and complete to the best of my knowledge, and I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand the financial assistance is based on need. In the event I or my child(ren) are no longer using the YMCA or my income level changes, I will contact the YMCA immediately so financial assistance can be provided to others. I understand if I falsify any of the above information, I will not be eligible for assistance now or in the future.

Signature _____ Date : _____