

YMCA of Greater Kalamazoo

Financial Assistance Form

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 (\$12/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. I understand if I falsify any of the above information, I will not be eligible for assistance now or in the future.

Signature _____ Date : _____