



FINANCIAL ASSISTANCE APPLICATION

- You must include income verification for each member of the household. This includes your past 30 days proof of income (pay stubs and/or SSI) **AND** prior year's W-2 or IRS 1040 form. **Please provide copies of your information. We will not be responsible for returning originals or making copies.**
- Children listed on the application who are over the age of 18 must show proof of full-time college status (school schedule and student I.D.)
- Please complete all sections of the application. **Incomplete applications will delay the approval process.**
- Please allow up to 30 days for approval. Once your application has been approved, you will be called or emailed by Member Services.
- Your information on this form and in all attached documents is valid for six (6) months from the date of the application. After the six (6) month time frame, you are required to re-apply for financial assistance. **You are responsible for knowing when your scholarship expires.**
- You will have two (2) payment options once approved. You may choose to pay by monthly bank draft or pay for **the entire 6 months.**
- Once approved, you will have two weeks (14 days) from the time you are contracted to come into the Y and start/renew your membership. Failure to do so will result in you having to re-apply.
- **Youth Memberships:** The parent/guardian must provide his/her income verification.
- **College Memberships:** If you are still being claimed as a dependent on your parents/guardians tax forms, you must provide his/her income verification. If you considered "independent" you will need to provide your own income verification.

I have read the above listed guidelines and understand that incomplete application will delay my approval process. I understand that I must renew my scholarship every 6 months and that it is my responsibility to know when my scholarship expires.

Signature _____ Date _____

Harrison County YMCA Financial Assistance Application

New Application Renewal Application

Please print all information. Incomplete forms will not be processed. You must include copies of your past 30 days proof of income (pay stubs and/or, SSI) plus prior year's W-2 or IRS 1040 form.

Date: _____ Home Phone: _____
 Name: _____ Cell Phone: _____
 Age: _____ Work Phone: _____
 Address: _____ Place of Employment: _____
 City: _____ Email: _____
 State: _____ Zip Code: _____

	Spouse/Child(ren)'s Name(s)	Age	School/Employer	Birth Date
1				
2				
3				
4				
5				
6				
7				

Application is for what type of membership or program?

Membership Type: _____

Program: _____

Have you ever applied for financial assistance before the YMCA? Yes No

I am able to pay \$_____ towards the cost of the program/membership.

Please tell us why joining the YMCA is important to you?

To fairly determine your eligibility for assistance, your entire family (household) annual income is required. You must include copied of your past 30 days proof of income (pay stubs and/or, SSI) plus prior year W-2 or IRS 1040. (IF YOUR CHILD (REN) RECEIVES ASSISTANCE, THIS MUST BE INCLUDED AS WELL.)

Please complete your monthly income and expenses. If you share expenses, list what you are responsible for paying (i.e. living w/parents or roommate). THIS MUST BE COMPLETED. IF LEFT BLANK, YOUR APPLICATION WILL NOT BE PROCESSED.

INCOME

EXPENSES

Wages, salaries, and tips \$ _____
 Unemployment compensation \$ _____
 Social Security compensation \$ _____
 Child Support \$ _____
 Food Stamps \$ _____
 401 k/ retirement \$ _____
 Alimony \$ _____
 Other \$ _____

Rent/Mortgage \$ _____
 Utilities \$ _____
 Food \$ _____
 Clothing \$ _____
 Phone \$ _____
 Car/insurance \$ _____
 Medical \$ _____
 Other \$ _____

TOTAL INCOME \$ _____

TOTAL EXPENSES \$ _____

YOU WILL BE NOTIFIED BY PHONE ONCE YOUR APPLICATION HAS BEEN PROCESSED. PLEASE ALLOW 30 DAYS FOR PROCESSING.

I certify that the information I have provided is true and complete to the best of my knowledge.

 Applicant Signature

 Date

Office Use Only

Completed Packet _____

Incomplete Packet _____ Returned to be completed _____

*Denied _____ Reason _____

*Approved _____ See below for Subsidy amount and fees due.

Membership Type	Actual Fee	% Subsidy	Amount of Subsidy	Amount Due
Program	Fee	% Subsidy	Amount of Subsidy	Amount Due