

Date of Application _____ Staff Initials _____ Master Person ID _____
 Membership Type _____ % Off _____ Monthly Fee _____
 Approved By _____ Paid \$ _____ Method of Payment _____
 Date Processed _____

FINANCIAL ASSISTANCE APPLICATION-HENDERSON COUNTY FAMILY YMCA-Confidential

(Circle One) New application or Renewal * Please print information

Name _____ Birthday ____/____/____ Male ____ Female ____
 Address _____ City _____ State _____ Zip _____
 Phone: Home _____ Phone: Work _____
 Place of Employment _____ Spouse's Place of Employment _____
 Are both parents living in the household? Yes ____ No ____ Total Number in Household ____
 Emergency Contact Name _____ Emergency Contact Number _____

Family - type memberships with different last names will be asked if legally married.

Please list dependents if applying for a family membership or program

Spouse _____	Birthdate ____/____/____	Gender ____
Child _____	Birthdate ____/____/____	Gender ____
Child _____	Birthdate ____/____/____	Gender ____
Child _____	Birthdate ____/____/____	Gender ____

Income Levels of \$30,000.00 and above not eligible unless there are exceptionally high medical expenses.

Are you applying for Membership Assistance? _____ Program Assistance? _____

If membership, check type: Youth ____ Student ____ Adult ____ SPF ____ Family ____

How much can you afford to pay **MONTHLY** for your membership? _____

****Any Change of income or dependents must be reported****

Income and Expense Verifications must be provided including one month of paycheck stubs.

Monthly Household Income

* Monthly Gross Paycheck \$ _____
 * Spouses' Gross Paycheck \$ _____
 * Child Support Received \$ _____
 * Food Stamps \$ _____
 * SSI \$ _____
 * AFDC \$ _____
 * Disability \$ _____
 Other Income \$ _____

Monthly Household Expenses

* Mortgage or Rent \$ _____
 * Phone \$ _____
 * Water \$ _____
 * Electric \$ _____
 * Child Care \$ _____
 * Auto Loan \$ _____
 * Cable \$ _____
 * Credit Cards \$ _____
 Medical \$ _____
 Groceries \$ _____
 Other Expenses \$ _____
Total Monthly Expenses \$ _____

Total Monthly Income \$ _____

Annual Income \$ _____

Do You have a checking or savings account? Yes ____ No ____

The above information is certified to be correct. I hereby give permission to the Henderson County Family YMCA to contact individuals/employers for salary verification. **I have provided the above required verifications in order for my application to be reviewed and considered.**

Signature _____ Date _____

Please allow 7 days to process your application. After this period, you will need to call between 8:30 am - 4:00 pm Monday - Friday to see if your application has been approved. Membership Fees paid are non-refundable.

The YMCA conducts regular sex offender screenings on all members, participants and guest. If a sex offender match occurs, the YMCA reserves the right to cancel Membership, end program participation, and remove visitation access.

PLEASE SIGN ON BACK