

Staff Initials \_\_\_\_\_

Date of Application \_\_\_\_\_

Type \_\_\_\_\_

# FINANCIAL ASSISTANCE APPLICATION

% \_\_\_\_\_

## HENDERSON COUNTY FAMILY YMCA

**-Confidential-**

(Circle One) New application or Renewal

\* Please print information

Name \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male or Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Place of Employment \_\_\_\_\_  
Spouse's Place of Employment \_\_\_\_\_

Are both parents living in the household? Yes \_\_\_\_\_ No \_\_\_\_\_ Total Number in household \_\_\_\_\_  
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	_____	Birthday	____ / ____ / ____	Gender	_____
Child	_____	Birthday	____ / ____ / ____	Gender	_____
Child	_____	Birthday	____ / ____ / ____	Gender	_____
Child	_____	Birthday	____ / ____ / ____	Gender	_____
Child	_____	Birthday	____ / ____ / ____	Gender	_____
Child	_____	Birthday	____ / ____ / ____	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

<b>Monthly Household income</b>		<b>Monthly Household Expense</b>	
* Weekly Gross Paycheck	\$ _____	* Mortgage of Rent	\$ _____ *Child Care \$ _____
* Spouses' Gross Paycheck	\$ _____	* Phone	\$ _____ Medical \$ _____
* Child Support Received	\$ _____	* Water	\$ _____ Other \$ _____
* Food Stamps	\$ _____	* Electric	\$ _____
* SSI	\$ _____	Groceries	\$ _____
*AFDC	\$ _____	* Auto Loan	\$ _____
*Disability	\$ _____	* Cable	\$ _____
Other Income	\$ _____	*Credit Cards	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>	<b>Total Monthly Expense</b>	<b>\$ _____</b>
<b>Annual Income</b>	<b>\$ _____</b>		

Do You have a checking or savings account? Yes \_\_\_\_\_ No \_\_\_\_\_

The above information is hereby 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. Please allow 8 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Membership type \_\_\_\_\_ Payment \_\_\_\_\_ Pay method \_\_\_\_\_

Program Fee's Set \_\_\_\_\_

Membership Fees paid are non - refundable.

**SIGN ON BACK**