

Other Adults in the Household

First Name _____ Last Name _____ Gender _____ Date of Birth _____
 Relationship to Applicant _____
 Individual's Employer _____ Employer's Phone _____
 Employer's Address _____ City, State, Zip _____
 Occupation _____ How long employed there? _____

Adult 2 Name – First _____ Last _____ Sex _____ Date of Birth _____
 First Name _____ Last Name _____ Gender _____ Date of Birth _____
 Relationship to Applicant _____
 Individual's Employer _____ Employer's Phone _____
 Employer's Address _____ City, State, Zip _____
 Occupation _____ How long employed there? _____

Monthly Household Income – ALL SOURCES *(This section must be completed or your application will be considered incomplete)*

Monthly Income		Monthly Expenses	
(Gross)Wages/Salaries/Tips	\$	Rent/Mortgage	\$
Unemployment	\$	Utilities/Phone	\$
Social Security Compensation	\$	Food	\$
Child Support	\$	Clothing	\$
Aid to Dependent Children	\$	Car/Insurance	\$
Food Stamps	\$	Alimony	\$
Alimony	\$	Child Support	\$
Housing Assistance/Section 8	\$	Medical	\$
Retirement/Pension	\$	Other	\$
DHS Subsidy	\$		
Other	\$		
Total	\$	Total	\$

Your application will not be processed without the following: A.) most recent year's Federal Income Tax form (first two pages) B) Four recent paycheck stubs. C) Proof of child support and/or social security benefits

Is any portion of your membership or program fees reimbursable by your insurance company? YES NO

If yes, under what health insurance plan are you currently covered? _____

How much can you afford to pay? _____

Is the applicant a current YMCA Member? _____ If yes, which branch? _____

Explain why you would like to be considered for financial aid at the YMCA (included any special circumstances)

I realize that the YMCA's financial resources are limited and, therefore, if eligible, I am expected to seek additional funding from other sources such as the Office of Children and Family Services, if applicable. I also certify that the above information is true and complete to the best of my knowledge.

Signature of Applicant or Parent/Guardian _____

Date _____

For Office Use Only	
Membership/Program _____	Regular Fee _____
Subsidy % _____	Start Date _____
Joiner Fee _____	Review Date _____
Membership Fee/Mo. _____	Exp. Date _____
Branch Signature _____	
Date _____	