

Shasta Family YMCA Financial Assistance Application



Printed FULL Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other: _____

Email address: _____ DOB: _____

NOTE: For verification purposes, all applications may be cross-referenced with any current membership information on file with the Y.

Proof of Income Requirement

Application will not be processed without this information: Fill out table below completely and attach proof of all applicable income for all persons in the household. If someone not listed on the application is paying for the membership, we will need income verification for that person as well.

- *Income verification must be from most recent month.*
- *Paycheck stubs – Please attach 2-3 most recent stubs.*
- *Tax return must be from most recent year.*

Household Income	Monthly Amount	Household Income	Monthly Amount
Gross Wages, Salaries, Tips, Etc	\$	Investment Income	\$
Unemployment Compensation	\$	Child Support / Aid for Dependant or Foster Children	\$
Social Security (SSI)	\$	Alimony	\$
Social Security Death Index (SSDI)	\$	Food Stamps	\$
Social Security Disability (SSD)	\$	Cash Aid / General Assistance	\$
Pension	\$	Student Financial Assistance	\$
Veterans Benefits	\$	Other	\$

Total Household Income: _____

Are there any special circumstances that contribute to your request?

Certification

I understand the policy and procedure for this Financial Assistance Application and I have completed all required information truthfully and to the best of my ability. I understand that I may be required to show a valid ID when submitting my application.

Signature of Applicant listed at top of application

Date

Office Use Only

PLEASE COMPLETE THE FOLLOWING SECTIONS FOR WHICH YOU ARE SEEKING ASSISTANCE

YMCA Facility Membership

- I am a current YMCA member
I am currently on financial assistance for membership

Applying for which membership type:

- Adult (Age: 21-61)
Young Adult (Age: 13-20)
Senior (Age: 62+)
Senior Couple (Only 1 needs to be 62 yr. or older)
Family (2 related adults and all related children 20 and under, in the same household)

List adults (21+ years) to be included on the membership:
Primary Adult Full Name
*Second Adult Full Name
DOB
Relationship to Primary Self

*You will be required to show proof that adults are related & live in same household.

List children, under the age of 21, to be included on the membership:

Child Full Name
Child Full Name
Child Full Name
Child Full Name

* Children must be related to and living with the primary applicant

Youth or Adult Program

- New to the program
Renewing FA application

Participant's Full Name
Participant's Full Name
DOB
DOB
Program
Program

Afterschool Child Care & Day Camp

In addition to the income verification above, please provide the most current Federal Income Tax Filing for all Adults in the household. The tax filing should reflect the dependants in your household.

- New to the program
Renewing FA application

Child's Full Name
Child's Full Name
Child's Full Name
Child's Full Name
DOB
DOB
DOB
DOB
Camp Site/Session
Camp Site/Session
Camp Site/Session
Camp Site/Session