



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE APPLICATION

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

Household members (Including Self)			Relationship	DOB	Check if claimed on form 1040 as dependent
First	Middle Initial	Last			

Income/Expense Worksheet

Income	Amount	Expense	Amount
Gross Monthly Income (Before Taxes)	\$	Rent/Mortgage	\$
Spouse's Gross Monthly Income	\$	Car/Insurance	\$
Child Support	\$	Fuel	\$
Aid to Dependent Children	\$	Groceries	\$
Social Security Compensation	\$	Utilities	\$
Unemployment Compensation	\$	Phone	\$
Food Stamps	\$	Child Support	\$
Tanf/Cash Benefits	\$	Medical	\$
Retirement Funds	\$	Childcare	\$
Other (Please Explain)	\$	Alimony	\$
Other (Please Explain)	\$	Other (Please Explain)	\$
Other (Please Explain)	\$		
Total Monthly Income	\$	Total Monthly Income	\$

Please provide the following documents to the Y when applying for financial assistance:

*** Current W-2's *1099, *Current 1040 Income tax forms *Proof of government assistance**

I am requesting assistance from the Y because of my personal circumstances. I verify that all information submitted is complete and accurate. If I submit false or inaccurate information or fail to notify the Y of a change within 30 days, I may be terminated from the financial assistance program. I understand that as a participant in the Y's financial assistance program, I will be asked to provide proof of income annually. If I do not verify information annually, my membership rate is subject to increase and/or terminated.

Applicant Signature: _____ Date: _____