

Financial Assistance Application YMCA OF PIERCE AND KITSAP COUNTIES



PLEASE COMPLETE ALL NON-SHADED AREAS OF THIS FORM. ATTACH ALL APPLICATION FINANCIAL DOCUMENTS AND TURN IN TO YOUR LOCAL YMCA. THE YMCA WILL DESTROY ALL DOCUMENTS AFTER 30 DAYS.

APPLICATION TYPE <input type="checkbox"/> Review <input type="checkbox"/> New	UNIT ID NO.
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APPLICANT INFORMATION

NAME	DATE OF BIRTH	PHONE			
ADDRESS	CITY	STATE	ZIP		
EMPLOYER	EMAIL ADDRESS				

ALL PERSONS LIVING IN THIS HOUSEHOLD

PROOF OF GUARDIANSHIP OR FOSTER CARE PLACEMENT MAY BE REQUESTED FOR ALL LISTED DEPENDENTS AT TIME OF APPLICATION.

NAME	CHECK IF JOINING AS A MEMBER	DATE OF BIRTH	RELATION
	<input type="checkbox"/>	/ /	
	<input type="checkbox"/>	/ /	
	<input type="checkbox"/>	/ /	
	<input type="checkbox"/>	/ /	
	<input type="checkbox"/>	/ /	

PROVIDE THE FOLLOWING DOCUMENTS FOR EACH ADULT IN THE HOUSEHOLD

BRING ANY OF THE FOLLOWING APPLICABLE DOCUMENTS; YMCA MEMBERSHIP STAFF WILL APPROVE BASED ON AT LEAST ONE DOCUMENT THAT PROVES INCOME LEVEL PER PERSON. WE DO NOT ACCEPT W-2s OR BANK STATEMENTS.

I DID FILE FEDERAL TAXES FOR LAST YEAR AND/OR RECEIVED SOCIAL SECURITY <input type="checkbox"/> 1040 Federal Tax Form(s) for ALL ADULTS in Household <input type="checkbox"/> SSI/Disability Award Letter/DSHS/TANF <input type="checkbox"/> Two Months Pay Stubs <input type="checkbox"/> Pension or Other Retirement Income <input type="checkbox"/> Leave and Earning Statement, including Base Housing Alliance (BHA) <input type="checkbox"/> Self Employed – Current Profit and Loss Statement <input type="checkbox"/> Unemployment <input type="checkbox"/> Other Income: _____	I DID NOT FILE FEDERAL TAXES FOR LAST YEAR <input type="checkbox"/> Non-Filing Form <input type="checkbox"/> SSI/Disability Award Letter/DSHS/TANF <input type="checkbox"/> I-20 Form (International Students)
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TELL US MORE

PLEASE SHARE ANY ADDITIONAL INFORMATION NOT INCLUDED ON THIS FORM, IF APPROPRIATE. ALSO, TELL US HOW A YMCA MEMBERSHIP WILL BENEFIT YOU AND/OR YOUR FAMILY (PLEASE CONTINUE ON THE BACK AND/OR ATTACH DOCUMENTS TO THIS APPLICATION).

MY SIGNATURE, BELOW, CERTIFIES I HAVE READ AND UNDERSTAND THE FOLLOWING:

The information supplied herein is true, accurate, and complete to the best of my knowledge. I am aware it is **my responsibility to notify the YMCA in writing** of any changes to the information supplied in this application, such as income, address, and/or other matters that might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can and may result in immediate revocation of membership and program privileges.

I am also aware that the YMCA reviews my application annually, and failure to submit review paperwork will result in my membership fees being adjusted to the current full membership rate.

SIGNATURE OF PERSON COMPLETING THIS FORM	DATE
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FOR OFFICE USE ONLY

FA EXPIRATION DATE	UNIT TYPE	TOTAL GROSS MONTHLY INCOME \$	SCHOLARSHIP %	STAFF INITIALS
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