



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

<b>OFFICE USE ONLY</b>
MEMBER # _____
DATE RECEIVED _____
PREFERRED CONTACT METHOD:
<input type="checkbox"/> EMAIL
<input type="checkbox"/> LOCAL PHONE
<input type="checkbox"/> STAFF _____

## YMCA OF FLORIDA'S FIRST COAST FINANCIAL ASSISTANCE / INCOME VERIFICATION APPLICATION

PLEASE SUBMIT THE FOLLOWING DOCUMENTS (PHOTOCOPIES ONLY):

- Copy of latest tax return or letter of non-filing status from most recent tax year
- Copy of most recent W-2
- Copies of your last two paycheck stubs
- Copies of court ordered child support, subsidized housing, social security, food stamps, school loans / grants or other sources of income
- A personal letter explaining your need for assistance

PLEASE PRINT CLEARLY.

DATE OF APPLICATION \_\_\_\_\_

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### APPLICANT INFORMATION

EMPLOYER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ LENGTH OF EMPLOYMENT \_\_\_\_\_

### SECONDARY ADULT INFORMATION

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ LENGTH OF EMPLOYMENT \_\_\_\_\_

### DEPENDENT(S) / CHILDREN

NAME	AGE	GENDER	SCHOOL	DATE OF BIRTH
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		

PLEASE SEE OTHER SIDE

**PLEASE ANSWER THE FOLLOWING:**

WHAT PROGRAM(S) ARE YOU APPLYING FOR?  MEMBERSHIP \_\_\_\_\_  PROGRAM \_\_\_\_\_

WHAT DO YOU FEEL YOU CAN AFFORD TO PAY FOR THIS PROGRAM(S)? \_\_\_\_\_

HAVE YOU EVER APPLIED FOR FINANCIAL ASSISTANCE WITH THE YMCA?  YES  NO

IF YES, AT WHICH YMCA AND FOR WHAT PROGRAM(S)? \_\_\_\_\_

**The YMCA strives to make our programs available to all who will benefit from them, regardless of their ability to pay. By providing all of this information, you will help us meet this goal. This information is kept confidential and will not be used for any other purpose.**

**PLEASE ITEMIZE YOUR GROSS ANNUAL HOUSEHOLD INCOME.**

<b>SALARY</b>	<b>\$</b>
<b>UNEMPLOYMENT COMPENSATION</b>	<b>\$</b>
<b>SOCIAL SECURITY COMPENSATION</b>	<b>\$</b>
<b>CHILD SUPPORT</b>	<b>\$</b>
<b>AID FOR DEPENDENT CHILDREN</b>	<b>\$</b>
<b>FOOD STAMPS</b>	<b>\$</b>
<b>401 (K) RETIREMENT</b>	<b>\$</b>
<b>ALIMONY</b>	<b>\$</b>
<b>OTHER:</b>	<b>\$</b>
<b>TOTAL (ADD ABOVE)</b>	<b>\$</b>

I certify that my annual household income and number of dependents (if any) are \$ \_\_\_\_\_ and \_\_\_\_\_, respectively.

I certify that the information provided is true and complete to the best of my knowledge. I will notify the YMCA if my financial status changes.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ DATE PROCESSED \_\_\_\_\_

PROGRAMS \_\_\_\_\_

JOIN / RENEW BY \_\_\_\_\_ DATE NOTIFIED \_\_\_\_\_

MONTHLY DUES \_\_\_\_\_

JOINING FEE \_\_\_\_\_

APPROVED BY \_\_\_\_\_