



YMCA

We build strong kids,
strong families, strong communities.

YMCA of Ithaca & Tompkins County
Financial Assistance Request

Please note that all information is kept strictly confidential

For what are you requesting assistance?

*Membership:	Youth (ages 0-12)	_____	Husband/Wife	_____
	Junior (ages 13-17)	_____	Husband/Wife/Children	_____
	Individual Adult	_____	College Student Family	_____
	College Student	_____	Single Parent Family	_____
	Senior Adult (60+)	_____	Senior Husband/Wife	_____
*Program	Youth Programs	_____		
	Aquatics Programs	_____		
	Childcare/Camp	_____		
	Other	_____		

Applicants are encouraged to contribute to the membership/programs for which they are requesting subsidy.

How much can you afford to pay? _____

Please fill in the information regarding the person for whom the application is submitted:

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Date of Birth
_____		_____	_____
Street Address		City	State Zip
_____	_____	_____	
Home Phone Number	Cell Phone Number	Number of People in Household	

Please list your household information:

_____		_____	
Head of Household (please indicate "self" if same as above)		Relationship to Applicant	
_____		_____	_____
Street Address		City	State Zip
_____		_____	
Employer		Employer's Phone Number	

Income Information:

1) Does anyone in your household currently receive financial assistance? Yes ___ No ___

If your answer is yes, please identify your subsidy sources:

* Dept. of Social Services: ___ Housing \$ _____ per month
 ___ Food Stamps \$ _____ per month
 ___ Childcare \$ _____ per month
 ___ Other: _____ \$ _____ per month

Case Worker: _____

* Social Security \$ _____ per month
 * Alimony/Child Support \$ _____ per month
 * Disability \$ _____ per month
 * Unemployment \$ _____ per month
 * Other: _____ \$ _____ per month

2) What is the total gross household income per month? \$ _____

***** Proof of income is necessary to correctly process this request. Please attach copies of the above, or provide at least two(2) of the most recent pay stubs received by all working persons in the Household; last year's Federal Income Tax forms (i.e. 1040, W-2); Social Services worksheets; or anything else that proves monthly income within the household. *****

Expense Information:

Please list the principal expenses in your household each month:

Rent/Mortgage (minus assistance)	\$ _____	Childcare (minus assistance)	\$ _____
Food (minus assistance)	\$ _____	Education	\$ _____
Phone(s)	\$ _____	Extraordinary Expenses	\$ _____
Vehicle Payment	\$ _____	- please explain: _____	
Vehicle Insurance	\$ _____	_____	
Utilities	\$ _____	_____	
Medical Insurance	\$ _____		
Cable/Computer	\$ _____		

Is there any other information we should consider with this application? _____

Are you willing to consider working as a volunteer? Yes ___ No ___

Do you have any special skills or abilities? _____

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 Dept. of Social Services, etc ... I also certify that the above information is true and complete to the best of my knowledge.

Signature of Applicant or Parent/Guardian

Date