



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
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\_\_\_\_\_

Street Address	City	State	Zip
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\_\_\_\_\_

Home Phone Number	Cell Phone Number	Email Address	Number of People in Household
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**Please list your household information:**

\_\_\_\_\_

Head of Household (please indicate "self" if same as above)	Relationship to Applicant
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\_\_\_\_\_

Street Address	City	State	Zip
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\_\_\_\_\_

Employer	Employer's Phone Number
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**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