



For Office Use Only: Date Submitted: _____ Welcome Center Initials: _____
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YMCA of Ithaca & Tompkins County

Membership Assistance Program Application

Primary Applicant Information:

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

List everyone who lives in your household:

First & Last Name	Date of Birth	Gender M / F / U
Primary Applicant:		

Please explain why you would like a membership at the YMCA.

Please initial next to each point.

- I have read and understand the Membership Assistance Program information page and FAQs. _____
- I understand that this application does not guarantee that I will receive assistance. _____
- I understand that the terms of assistance are only good for 6 calendar months. _____
- I understand that paperwork must be resubmitted after 6 months. _____
- Applications will be considered on a rolling basis in the order in which they are received. Status updates will be sent via email/mail. _____

For Office Use Only: _____ Approved _____ Denied Date: _____ Capital Improvement Fee Due: Yes / No
Membership Type: _____ Adult _____ Young Adult _____ Senior Adult _____ 2 Adults _____ Senior 2 Adult s _____ 2 Adult Household w/ Children _____ 1 Adult Household w/Children
Membership Cost: \$ _____ YMCA Assistance: _____ % Applicant Fee: \$ _____ <div style="text-align: right;">(with CIF if applicable)</div>

Please indicate whether you or anyone else who lives in your household receives income from any of the following sources. Proof of all income is required, as is a copy of last year's income tax return.

Income Source	Who Receives it	How much	How often
Employment			
Unemployment			
Public Cash Assistance			
Food Stamps			
Housing Assistance Sec 8			
HEAP			
SSI/SSDI Benefit			
Workman's Compensation			
Retirement Benefits			
Veteran's Pension/Benefits			
Education Grants/Loans			
Alimony/Child Support			
Child Care Supplement			
Other (please explain)			

Monthly expenses (less assistance from other agencies):

Expense	Monthly Cost
Mortgage/Rent	
Electric	
Gas	
Water/Sewer	
Food	

Please explain any EXTENUATING circumstances you may be experiencing (i.e., death of a spouse, unexpected loss of

Please provide the following:

- Copy of most recent tax return
AND
- Copy of two recent pay stubs for each working person OR
- Copy of social security or disability checks OR
- Copy of DSS budget sheet OR
- If you have no income, a letter from person(s) who provide your monthly living expenses.
AND
- Copy of recent welfare benefits, food stamps, and/or section 8 housing letter AND/OR
- Copy of unemployment benefits statement
AND
- Documentation of any special circumstances.

If you do not provide these forms, your application process will be delayed until you can provide us with verification of income.

I affirm, to the best of my knowledge, that the information I have provided is true and complete and I acknowledge that I must provide copies of all household income sources to cover the previous month, along with a copy of last year's income tax return. Any information not provided here can change the status of the application even after approval.

Primary Applicant Signature: _____ Date: _____

We cannot complete the application process without the signature of an adult 18 years or older.