

Staff Initials_____

FINANCIAL ASSISTANCE APPLICATION HENDERSON COUNTY FAMILY YMCA

-Confidential-

New Application or Renewal (Circle One)

Please print information

Name_____ Birthday_____/_____/_____ Male or Female

Address_____ City_____ State_____ Zip_____

Phone: Home_____ Work_____ Place of Employment_____

Spouse's Place of Employment_____

Are both parents living in the household? Yes____ NO ____ Total Number in household_____

Please list dependents if applying for a family membership or program

Spouse_____ Birthday_____/_____/_____ Sex ____

Child_____ Birthday_____/_____/_____ Sex ____

Child_____ Birthday_____/_____/_____ Sex ____

Child_____ Birthday_____/_____/_____ Sex ____

Child_____ Birthday_____/_____/_____ Sex ____

Child_____ Birthday_____/_____/_____ Sex ____

Are you applying for Membership Assistance? _____ Program Assistance? _____

If membership, check type Youth__ Student Adult __ SPF__ Family__ _

How much can you afford to pay MONTHLY for your membership? _____

Financial Information (*Verifications must be provided for * items below)

**Income Levels of \$25,000.00 and above not eligible unless there are exceptionally high medical expenses.

Monthly Household Income		Monthly Household Expense	
*Monthly Gross Paycheck	\$	*Mortgage of Rent	\$
*Spouses' Gross Paycheck	\$	*Child Care	\$
*Child Support Received	\$	*Phone	\$
*Food Stamps	\$	*Water	\$
*SSI	\$	*Electric	\$
*AFDC	\$	*Cable	\$
*Disability	\$	Other	\$
Other Income	\$	Medical	\$
		*Credit Cards	\$
Total Monthly Income	\$	Groceries	\$
Annual Income	\$	Total Monthly Expense	\$

Do you have a checking or savings account? Yes _____ No _____

The above information is hereby certified to be correct. I hereby give permission to the Henderson County Family YMCA to contact individuals/employers for salary verification. I have provided the above required verifications in order for my application to be reviewed and considered. Please allow 8 days to process your application. After this period, you will need to call between 8:30 am - 4:00 pm Monday - Friday to see if your application has been approved.

Membership Fees paid are non - refundable.

Signature_____ Date_____

Approved by _____ Date_____ Membership type _____

Payment _____ Pay method_____ Program Fee's Set _____

SIGN ON BACK