



IN PARTNERSHIP

O'Brien / YMCA Partnership Financial Assistance Application

Membership Type: Individual Couple Household

Please note: This application requires the income of everyone in the household, including those not on the membership. We cannot accept \$0 income. Incomplete paperwork or income requirements may delay your assistance process. SNAP or Cash Assistance through the Department of Human Services is an instant approval of 45%. Include pages 1 & 2 with application.

Adult #1

Full Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Phone _____

Current Status Employed Student Retired SS/Disability

Last 12 Months of Employment (Include additional employers on separate sheet)

Employer _____ Start Date _____ End Date _____

Employer _____ Start Date _____ End Date _____

Are you currently a student? Yes No *If yes, class schedule & loan/grant income is required with this application.*

Are you currently employed? Yes No *If no, why?* _____

Fill in each section that applies to you:

Salary \$ _____ Cash Assistance \$ _____ Food Stamps \$ _____

Unemployment \$ _____ Pension/Retirement \$ _____ Other \$ _____

SSI/Disability \$ _____ Child Support/Alimony \$ _____

*Please attach proof of monthly gross income, last **federal** tax return filed with W2, and if self-employed, Schedule C tax return.*

Adult #2

Full Name _____

Date of Birth _____ Phone _____

Current Status Employed Student Retired SS/Disability

Last 12 Months of Employment (Include additional employers on separate sheet)

Employer _____ Start Date _____ End Date _____

Employer _____ Start Date _____ End Date _____

Are you currently a student? Yes No *If yes, class schedule & loan/grant income is required with this application.*

Are you currently employed? Yes No *If no, why?* _____

Continued on next page.

Adult #2 Continued

Fill in each section that applies to you:

Salary \$ _____ Cash Assistance \$ _____ Food Stamps \$ _____
 Unemployment \$ _____ Pension/Retirement \$ _____ Other \$ _____
 SSI/Disability \$ _____ Child Support/Alimony \$ _____

Please attach proof of monthly gross income, last **federal** tax return filed with W2, and if self-employed, Schedule C tax return.

Additional Adult(s) 18+

Residing in same household. Please attach proof of residency & income. Additional adults are required to pay a monthly add-on fee unless they are a full-time student under 24 years old. Proof of class schedule required for students.

Name _____ DOB _____ M/F _____
 Current Status Employed Student Retired SS/Disability

Name _____ DOB _____ M/F _____
 Current Status Employed Student Retired SS/Disability

Dependents (0-17 years old)

Residing in same household. Need proof of filed tax returns or school records. (Include additional dependents on separate sheet)

Name _____ DOB _____ Age _____
 School/Grade _____ Child Support \$ _____ SS/Disability \$ _____

Name _____ DOB _____ Age _____
 School/Grade _____ Child Support \$ _____ SS/Disability \$ _____

Name _____ DOB _____ Age _____
 School/Grade _____ Child Support \$ _____ SS/Disability \$ _____

Please use this space to include any other factors that we should take in consideration in evaluating your request

I certify that the information I have provided is true and complete to the best of my knowledge. I agree to notify the YMCA if my financial status should change. I understand that inaccurate and incomplete information may cause termination from the financial assistance program. I understand that if my application is approved, my assistance will be reviews on an annual or semi-annual basis and adjusted based on my circumstances at that time.

Signature _____ Date _____

OFFICE USE ONLY

Unit # _____	Approved <input type="radio"/> Yes <input type="radio"/> No	Date Processed _____
Date Received _____	Member ID _____	FA Reviewer _____
Staff Initials _____	<input type="radio"/> New <input type="radio"/> Renewal	Renewal Date _____