



Family YMCA of Marion and Polk Counties Financial Assistance Application

Please read the following before completing the application. We require the following documentation for *all* members of the household:

- A copy of each person's current, year to date pay stub.
- A copy of the household's most recent tax returns with the names of dependents clearly marked. If you did not file taxes, other verification to show you are financially responsible for your dependents will be acceptable.
- If applicable, we also require documentation of any other form of income such as SSI/SSDI, unemployment, public assistance (TANF, SNAP, housing), child support, retirement income and student financial assistance.

Please note incomplete applications will be returned to you for completion before being assessed.

Our goal is to take action on applications as quickly as possible. You should expect a response in approximately **30 days**. After you receive an acceptance letter, bring it to the YMCA to register for your membership or program!

**Thank you for your interest in the Family YMCA of
Marion and Polk Counties!**





Family YMCA of Marion and Polk Counties Financial Assistance Application

Branch: Salem Silverton Santiam Monmouth

Membership: Adult Family Youth

Camp: Greider Silver Creek Child Care: Y-site School Age

Program: _____

For Camp & Child Care—please see YMCA for additional requirements.

Applicant:

First _____ Last _____ Gender Male Female DOB: _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ e-mail _____

Employer _____ Occupation _____

Spouse/Second Adult:

First _____ Last _____ Gender Male Female DOB: _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ e-mail _____

Employer _____ Occupation _____

Dependents/Family Members:

First _____ Last _____ Gender Male Female Birthdate ____/____/____

First _____ Last _____ Gender Male Female Birthdate ____/____/____

First _____ Last _____ Gender Male Female Birthdate ____/____/____

Number of adults in household _____ Number of dependent children in household _____

Are you currently receiving other assistance? No Yes - If yes, what type? _____

Have you ever received assistance from the YMCA? No Yes - If yes when and for what? _____

How much do you feel you can contribute per month? \$ _____

Income

Monthly gross income from all wages / salaries \$ _____

Other monthly income:

Public Assistance (TANF, SNAP) \$ _____

Child Support \$ _____

SSI/SSDI \$ _____

Other \$ _____

Total household monthly income \$ _____

Expenses

Rent / Mortgage \$ _____

Utilities \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total household monthly expenses \$ _____

Please check if you have included additional information, expenses, or special circumstances on an additional sheet.

I certify that this information is true and complete to the best of my knowledge. I understand it is my responsibility to notify the Family YMCA of Marion and Polk Counties regarding changes in my financial and/or membership status. I understand and agree the Family YMCA of Marion and Polk Counties may make contacts to verify this information. I authorize employers and/or other income sources to release financial information to the Family YMCA of Marion and Polk Counties. I have made sure that sensitive personal information such as my SSN have been blacked out and I understand all information will remain confidential.

Signature _____ Date _____

Office Use Only

Date _____

Reviewer _____

Approved % _____