

YMCA BUFFALO NIAGARA
Financial Assistance Application

INFORMATION PROVIDED FOR FINANCIAL ASSISTANCE WILL BE KEPT CONFIDENTIAL

HOW TO APPLY:

1. Complete a Financial Assistance Application.
2. Attach proof of household income.

Applicant (parent / head of household):

Last Name	First Name	Middle Initial	Date of Birth
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Street Address	City/State/Zip	Phone #
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Financial Assistance is requested for: Membership Program Program Type

List All Household Members:

Spouse:				
Last Name	First Name	Initial	Date of Birth	Relationship to Applicant
				Spouse

Dependent Children:

Last Name	First Name	Initial	Date of Birth	Relationship to Applicant

Other, unrelated household members:

Last Name	First Name	Initial	Date of Birth	Relationship to Applicant

Please complete the following financial information for the entire household:

Gross Monthly Income	Applicant	Spouse	Other	Other
Wages(before deductions)	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Public Assistance	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$
Housing Subsidy	\$	\$	\$	\$
Retirement Benefits	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Income:	\$	\$	\$	\$

You must provide proof of income for all household members. Acceptable proof of income includes:

- Copies of the last two pay stubs and most recent Federal Income Tax Form 1040
- Public Assistance Budget Worksheet
- SSI Benefit Statement

Is there any other information which is relevant to this application?

I realize that the YMCA's financial assistance resources are limited. I certify that the above information is true and complete to the best of my knowledge and that I will notify the YMCA of changes in my household members or income.

Signature of Applicant (parent or head of household)

Date

FOR OFFICE USE ONLY

Not Approved Financial Assistance Approved for %

Annual household income Number of household members

Financial Assistance begins _____ and ends _____

Comments:

Signature of Branch Executive

Date