



# 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 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 % \_\_\_\_\_

Revised 7/14