



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OFFICE USE ONLY

DATE RECEIVED: _____

DATE CONTACTED: _____

LAKELANDS REGION YMCA OF SOUTH CAROLINA FINANCIAL ASSISTANCE

Please complete the entire form, sign, date it, and submit to LAKELANDS YMCA. **All information is confidential.** Completion of this application does not guarantee approval. Please allow approximately two weeks for processing. Awarded assistance expires after 12 months. **Even if you are only applying for one membership, PLEASE INCLUDE ALL PERSONS LIVING IN YOUR HOUSEHOLD.**

Applying For: (Please check all that apply)

Membership: Youth Teen Adult Family Senior
 Afterschool Care
 Child Development Program
 Summer Camp
 Program: _____

FINANCIAL ASSISTANCE CHECKLIST

Verification of the following is needed to process this application.

- | | |
|--|--|
| <input type="checkbox"/> Application Completed | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Section 8 Housing |
| <input type="checkbox"/> AFDC | <input type="checkbox"/> City Housing |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> 2 Paycheck Stubs |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Help With Utility Bill |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Tax Return & Copy of W2's |
| <input type="checkbox"/> Disability | |

Checklist Completed By: _____

INCOME/EXPENSES WORKSHEET

INCOME:

- \$ _____ 1) Gross Monthly Income
\$ _____ 2) Spouse's Monthly Income
\$ _____ 3) Child Support
\$ _____ 4) Aid to Dependent Children
\$ _____ 5) Welfare (copy of card)
\$ _____ 6) Food Stamps
Y ___ N ___ 7) Reduced Lunch Program
\$ _____ 8) Other (Please Explain)

\$ _____ TOTAL MONTHLY INCOME
(Household)
\$ _____ TOTAL ANNUAL INCOME
(Household)

EXPENSES:

- \$ _____ Rent/Mortgage
\$ _____ Auto Loan
\$ _____ Utilities
\$ _____ Phone
\$ _____ Child Support
\$ _____ Medical
\$ _____ Child Care
\$ _____ Other

\$ _____ EXPENSES

Do you share expenses with anyone else in your household? _____ Y _____ N

Total Number in household? _____

Documentation on all income is required, including latest tax return, SSI, AFDC, food stamps, child support, unemployment, disability, retirement, etc.

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days.

Signature of Applicant

Date

PARTICIPANT INFORMATION

NAME _____ HOME PHONE _____

ADDRESS _____ APT. # _____

CITY _____ STATE _____ ZIP _____

CITY RESIDENT _____ YES _____ NO

Are you a current member of the YMCA? _____ YES _____ NO

Are you a full time student? _____ If so, where? _____

Are you married? _____ Total dependents _____

Is spouse a full time student? _____

List names (last names included) and ages of all persons in the household.

NOTE: Your "household" includes dependents you claim on your federal income tax return.

1) _____ Age _____ 5) _____ Age _____

2) _____ Age _____ 6) _____ Age _____

3) _____ Age _____ 7) _____ Age _____

4) _____ Age _____ 8) _____ Age _____

EMPLOYMENT INFORMATION

EMPLOYER _____ WORK PHONE _____

ADDRESS _____ POSITION _____

CITY _____ STATE _____ ZIP _____

LENGTH OF EMPLOYMENT _____ PART-TIME _____ FULL-TIME _____

SUPERVISOR'S NAME _____ GROSS MONTHLY INCOME \$ _____

SPOUSE'S EMPLOYER _____ WORK PHONE _____

POSITION _____ SUPERVISOR'S NAME _____

LENGTH OF EMPLOYMENT _____ GROSS MONTHLY INCOME \$ _____

**** Please provide copies of the following documents:**

* Prior year's income tax return & last 2 paycheck stubs

* Supporting documents for food stamps, medical aid, state or federal aid