



## FINANCIAL ASSISTANCE APPLICATION

The YMCA of Greater New York believes in providing membership and program services to all who desire to participate. The financial assistance program, supported in part through donations to the Strong Kids Campaign, provides membership and program services to those in need within our available resources.

### CONTACT INFORMATION

Applicant's Name \_\_\_\_\_

Address Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address (All financial assistance notifications will be sent by e-mail) \_\_\_\_\_

### CURRENT STATUS (Please check one)

- ☐ I am not currently receiving any YMCA Financial Assistance
- ☐ I am currently receiving YMCA financial assistance and this application is for:
- ☐ Renewal or ☐ Request for another program

Requesting Financial Assistance for (please check one):

- ☐ Adult Membership ☐ Family Membership ☐ Youth Membership
- ☐ Early Childhood ☐ After School ☐ Day Camp
- ☐ Other Program (list) \_\_\_\_\_

Cost of Membership or Program \$ \_\_\_\_\_

This request is for (fill in name) \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### LIST ALL HOUSEHOLD MEMBERS Including applicant

First Name	Last Name (if different)	Relationship
1.		
2.		
3.		
4.		
5.		

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

☐ Supplemental Security Income (SSI)

☐ Food Stamps

☐ Medicaid

☐ Other \_\_\_\_\_

☒ I did not file an IRS Federal 1040 Tax Form for the past year and will sign the IRS 4506-T form to verify non-filing and give authorization to the YMCA to confirm.

I hereby state that all information provided to the YMCA is true and accurate.

**For Office Use Only**

Financial Assistance Award ☐ Yes ☐ No Financial Assistance Amount \$ \_\_\_\_\_

Award Dates from \_\_\_\_\_ to \_\_\_\_\_

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_ Received by \_\_\_\_\_ Date completed \_\_\_\_/\_\_\_\_/\_\_\_\_

