



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.		

Please share with us your need for financial assistance

OTHER ASSISTANCE YOU RECEIVE (please check all that apply)

- Supplemental Security Income (SSI)
- Food Stamps
- Medicaid
- Other _____

I have attached a copy of my most recent household IRS 1040 Federal tax form (The first two pages of the 1040 are required in order to process all financial assistance requests).

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.

My household income for the past year was \$_____.

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

Applicant Signature: _____ Date ____ | ____ | ____

For Office Use Only

Financial Assistance Award Yes No Financial Assistance Amount \$ _____

Award Dates from _____ to _____

Date received ____ | ____ | ____ Received by _____ Date completed ____ | ____ | ____

