



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance Application

Personal Information

Name: _____ Date of Birth: _____
Home Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Marital Status: [] Single [] Married [] Separated [] Divorced [] Widowed
Spouse's Name: _____ Date of Birth: _____

List names of dependents you claim on your Federal Income tax return (last name as well if different from applicant) date of birth and gender

Name: _____ Date of Birth: _____ [] Male [] Female
Name: _____ Date of Birth: _____ [] Male [] Female
Name: _____ Date of Birth: _____ [] Male [] Female
Name: _____ Date of Birth: _____ [] Male [] Female
Name: _____ Date of Birth: _____ [] Male [] Female
Name: _____ Date of Birth: _____ [] Male [] Female

Please indicate area(s) of interest for the Financial Assistance: (check all that apply)

[] Membership [] Programs [] Camp High-Tor [] Afterschool

**Please be aware that if you are seeking Financial Assistance for Camp High-Tor or After School you must provide documentation of an award or denial letter from the Department of Health and Human Resources (DHHR) from Link (Putnam County) or Connect (Kanawha County) please contact them at 1.800.894.9540 for further details.

Applicant/Primary Employment Information

Company's Name: _____ Work Phone: _____
Years/Months employed: _____ yrs. _____ months Weekly Hours Worked: _____
Annual Wages: _____

Spouse/Secondary Employment Information

Company's Name: _____ Work Phone: _____
Years/Months employed: _____ yrs. _____ months Weekly Hours Worked: _____
Annual Wages: _____

Monthly Income:

Income from Employment (Self) _____
Income from Employment (Spouse/Secondary) _____
Child Support Received _____
Social Security/Disability Received _____
Welfare/SNAP Benefits _____

Unemployment Benefits Received
Alimony Received
Other

Total

Monthly Expenses:
Mortgage/Rent
Auto Loan
Child Support Paid
Medical
Utilities
Other

Reduced Lunch Program: Yes No (Check one)

How much can you afford to pay per month for membership?

\$_____.

If you would like, please feel free to provide more information about your current financial situation or any extenuating circumstances below (attach a second sheet if needed):

YOU MUST PROVIDE PROOF OF INCOME OR APPLICATION WILL BE RETURNED AS DENIED.

Please submit the following:

- Two most recent pay stubs for each contributing adult.
- Copy of IRS tax return
- Bank statements indicating direct deposit of Social Security or Disability income, if applicable
- Documentation verifying supplemental income such as SNAP benefits

My Signature below affirms the preceding information is true. I understand that the information will be used confidentially by authorized personnel for consideration in granting financial assistance. I understand that if any information is found to be false, my membership and/or program participation can be terminated. I understand that I must notify the Tri-County YMCA of any changes in family or financial status immediately.

Applicant Signature

Date