



Santa Maria Valley YMCA Financial Assistance Application

New Application Renewal

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number(s): Day _____ Evening _____

Employer Name _____ Child's School _____

Household Size: # of Adults _____ Children (under age 18) _____

Household Member Names:	Employer/School	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently receiving financial assistance from the YMCA? _____ If yes, which department? _____

Check which programs you are applying for:

Membership:

- Youth (0-13)
- Student (14-18)
- Adult (19+)
- Couple
- Senior (62+)
- Family (no more than 2 adults)
- Senior Couple (62+)

Program:

- After School Care
- Infant/Toddler Care
- Cheerleading
- Preschool Care
- Swimming Lessons
- Other _____
- Summer Camp
- Youth Sports

Total Monthly Gross Household Income (must be completed for processing)

Wages/Salary _____	Child Support _____
Social Security Income _____	Unemployment _____
Tips/Commission _____	Family Support _____
Other _____	Total Income \$ _____

The following documentation of need must be provided by the applicant for processing:

- Prior year's federal income tax 1040 return and current month's pay stubs (for all household members); or
- Federal or state agency award letter (e.g. AFDC, Social Security, 1099A, SSI Award Letter)

Please explain why you would like to be considered for financial assistance. Include any special circumstances. (Medical bills, illness, unemployment) _____

How much can you afford to pay for this program? (\$ per month/session)

I certify that the above information is true and complete to the best of my knowledge.

Applicant Signature

Date

For office use only	
Documentation Included _____	Date Received _____
Monthly Amount _____	Joiner Amount _____