



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:

- | | | | |
|---------------------------------------|---|--|---------------------------------|
| <input type="checkbox"/> Youth (0-13) | <input type="checkbox"/> Student (14-17) | <input type="checkbox"/> Adult (18+) | <input type="checkbox"/> Couple |
| <input type="checkbox"/> Senior (62+) | <input type="checkbox"/> Family (no more than 2 adults) | <input type="checkbox"/> Senior Couple (62+) | |

Program:

- | | | |
|--|--|--|
| <input type="checkbox"/> After School Care | <input type="checkbox"/> Infant/Toddler Care | <input type="checkbox"/> Kindergarten Care |
| <input type="checkbox"/> Preschool Care | <input type="checkbox"/> Swimming Lessons | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Camp _____ | <input type="checkbox"/> Camp _____ | <input type="checkbox"/> 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) _____

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 _____ |

**Return this completed form and documentation to the Santa Maria Valley YMCA.
Phone (805) 937-8521 Fax (805) 937-7007**