



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA OF SOUTHERN MAINE 2018-19 FINANCIAL ASSISTANCE APPLICATION

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### I AM APPLYING FOR:

Membership Only    Membership & Program    Program Only (Program Name: \_\_\_\_\_)

**TYPE OF MEMBERSHIP (IF APPLICABLE):**    New    Renew Membership # \_\_\_\_\_

Youth Program    Youth    Adult    Single Adult with Family    Family

### APPLICANT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If under 18 years old, please print name of Parent/Guardian: \_\_\_\_\_

Do you share expenses with anyone else in your household (ie. spouse, partner, roommate, family)?    Yes    No

Total number of dependents living in your household: \_\_\_\_\_

Are you a full-time student?    Yes    No   If yes, where do you attend school? \_\_\_\_\_

### APPLICANT PAYMENT INFORMATION:

For your reference, the full cost of our memberships are:

<b>Youth Program:</b> \$67/year	<b>Youth:</b> \$31/month	<b>Adult:</b> \$56/month	<b>Single Adult with Family:</b> \$68/month	<b>Family:</b> \$81/month
<b>One-Time Joiner's Fee:</b>	<b>Youth:</b> N/A	<b>Adult:</b> \$56	<b>Single Adult with Family:</b> \$68	<b>Family:</b> \$81

What amount do you feel you can pay for your membership per month and/or program?

I can afford to pay \$ \_\_\_\_\_ per month toward a membership and \$ \_\_\_\_\_ towards joiner's fee

I can afford to pay \$ \_\_\_\_\_  per session    per week (child care and day camp)

### FOR OFFICE USE ONLY

Application received: \_\_\_\_/\_\_\_\_/\_\_\_\_   Application reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_   Applicant notified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual Income: \$ \_\_\_\_\_   Percentage Member Qualifies for: \_\_\_\_\_ % (to be entered into MemberST)

Total Membership: \$ \_\_\_\_\_   Financial Assistance Amount: \$ \_\_\_\_\_   Member to Pay: \$ \_\_\_\_\_

Total Joiner's Fee: \$ \_\_\_\_\_   Financial Assistance Amount: \$ \_\_\_\_\_   Member to Pay: \$ \_\_\_\_\_

Total Program Fee: \$ \_\_\_\_\_   Financial Assistance Amount: \$ \_\_\_\_\_   Member to Pay: \$ \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_   Approval notes (with percentage) put into MemberST (yes/no): \_\_\_\_\_

Notes: \_\_\_\_\_

Staff Name: \_\_\_\_\_   Staff Initials: \_\_\_\_\_

# FINANCIAL ASSISTANCE APPLICATION

The dollar amount of your portion of membership dues will be determined by the YMCA using a sliding scale that is based on your gross income (your pre-tax income), as well as your comments. All financial assistance applications are reviewed on an individual basis. Applications will be reviewed annually.

## EMPLOYMENT INFORMATION

NOTE: If applying for a youth (membership or program), this information pertains to the parents/guardians of the youth applying.

- Your Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  
 Gross Monthly Income (NOTE: Please attach the last two paycheck stubs) \$ \_\_\_\_\_  
 Pay Period:  Weekly  Every Other Week  Twice Per Month  Monthly  Other: \_\_\_\_\_
- Spouse/Partner's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  
 Gross Monthly Income (NOTE: Please attach the last two paycheck stubs) \$ \_\_\_\_\_  
 Pay Period:  Weekly  Every Other Week  Twice Per Month  Monthly  Other: \_\_\_\_\_

## INCOME/EXPENSE WORKSHEET – PLEASE INCLUDE ALL HOUSEHOLD INCOME

NOTE: If applying for a youth (membership or program), this information pertains to the parents/guardians of the youth applying.

INCOME- PLEASE INCLUDE VERIFICATION OF ALL INCOME (Last two pay stubs and/or a statement of government funding, etc.)		EXPENSES	
Your gross monthly income	\$	Monthly Rent/Mortgage/Taxes	\$
Spouse/Partner's monthly income	\$	Auto Loan	\$
Social Security/Disability	\$	Utilities	\$
Child Support	\$	Phone	\$
AFDC/TANF	\$	Food	\$
Food Stamps	\$	Other (please explain)	\$
Unemployment/Other	\$	Other (please explain)	\$
Total Monthly Income	\$	Total Monthly Expenses	\$

If you have no income, how are you meeting expenses? \_\_\_\_\_

Are there any extenuating circumstances that we should know about when reviewing your paperwork? \_\_\_\_\_

I verify that all information submitted is correct, complete, and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the financial assistance program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Of Parent/Guardian if applicant is under 18 years old

**INCOMPLETE FORMS WILL BE RETURNED TO THE APPLICANT  
 APPLICATIONS ARE APPROVED FOR ONE YEAR. UNCLAIMED APPLICATIONS WILL BE KEPT ON FILE FOR SIX MONTHS.**