



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF SOUTHERN MAINE 2019-20 FINANCIAL ASSISTANCE APPLICATION

CASCO BAY BRANCH • 14 OLD S. FREEPORT RD. • FREEPORT, ME 04032 • 207.865.9600 • FAX 207.865.0484
NORTHERN YORK COUNTY BRANCH • 3 POMERLEAU ST • BIDDEFORD, ME 04005 • 207.283.0100 • FAX 207.283.0492
PINELAND BRANCH • 25 CAMPUS DRIVE • NEW GLOUCESTER, ME 04260 • 207.688.2255 • FAX 207.688.4700
PORTLAND BRANCH • 70 FOREST AVE. • PORTLAND, ME 04101 • 207.874.1111 • FAX 207.874.1114

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:

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