



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF SOUTHERN MAINE FINANCIAL ASSISTANCE APPLICATION

BUILDING AN INCLUSIVE, HEALTHY COMMUNITY FOR ALL, REGARDLESS OF ABILITY TO PAY.

STAFF ONLY - Unit ID (if applicable):

I AM APPLYING FOR FINANCIAL ASSISTANCE FOR:

Membership Only Membership & Program Program Only (Program Name: _____)

TYPE OF MEMBERSHIP (IF APPLICABLE):

Youth Program Youth Adult Two Adult Household

APPLICANT INFORMATION:

First Name: _____ Last Name: _____

Phone: _____ Date of Birth: _____

Do you share expenses? Yes No Email: _____

Number of adults in household: _____ Number of children in household: _____

APPLICANT PAYMENT INFORMATION:

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

I can afford to pay \$ _____ per month toward a membership

I can afford to pay \$ _____ per week **per child** for child care or camp

I can afford to pay \$ _____ for _____ program

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 household income (your pre-tax income). All financial assistance applications are reviewed on an individual basis.

Are there any extenuating circumstances that we should know about when reviewing your application for Financial Assistance? _____

FINANCIAL ASSISTANCE APPLICATION

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.

Please attach last two paycheck stubs.

MONTHLY INCOME (Before Deductions)	MONTHLY EXPENSES
First Adult - Gross Monthly Income \$	Food \$
Other Household Adults' Monthly Income \$	Childcare \$
Social Security/Disability \$	Medical - Insurance premiums, medical expenses, etc. \$
Child Support \$	Housing - Rent/Mortgage \$
SNAP, AFDC/TANF, General Assistance (GA) \$	Utilities - gas, oil, electric, internet, etc \$
Unemployment/Other \$	Phone \$
TOTAL HOUSEHOLD GROSS MONTHLY INCOME \$	Transportation - bus pass, monthly payments, gas, insurance \$
Please provide verification of all income (Last two pay stubs and/or statement of government funding, etc.)	Debt Payments \$
	Other (please explain) \$
	TOTAL MONTHLY EXPENSES \$

If you have no income, how are you meeting expenses? _____

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)

FOR OFFICE USE ONLY

Application received: ____/____/____ Application reviewed: ____/____/____ Applicant notified: ____/____/____

Annual Income: \$ _____

Membership Fee: \$ _____ Financial Assistance Award: \$ _____ Member Pays: \$ _____ monthly this year.

Total Program Fee: \$ _____ Financial Assistance Award: \$ _____ Member Pays: \$ _____ program fee this year.

Approval notes put into Daxko: Yes No Date Added: _____

Notes: _____

Staff Name: _____

**APPLICATION CANNOT BE PROCESSED WITHOUT ALL INFORMATION.
 PLEASE CONTACT US IF YOU NEED ASSISTANCE FILLING OUT THIS FORM.**