

# Mexico Area Family YMCA

## Financial Assistance Application

How to Use This Form

1. Complete the Mexico Area Family YMCA Financial Assistance Application on both sides of this brochure.
2. Attach one of the following additional forms to the application:
  - Your most recent 1040  
Federal tax return
  - Or
  - Your two most recent pay stubs and (if applicable)
  - The two most recent pay stubs of all other earners in your household, and
  - Proof of other income (including government assistance)
3. Return all of the above materials (including this form) to the Mexico Area Family YMCA.

**Application must be filled out completely.** Please print clearly and include all required paperwork listed with this form

<u>Applicant Information</u>				
I am applying for:    Membership   -   Programs   -   Other _____				
Last Name:		First Name:	DOB:	Home/Cell Ph #
Address:		Apt #:		
City:		State:		Zip code:
Email Address:				Work Phone:
Employer:		Employment Status: Full or Part time		
Hourly Wage: \$		Annual Income: \$		# of Dependents (persons living in household)
<b>List the Names and Ages of all dependents, children and adults living in your household:</b>				
Name: _____ Age _____ DOB _____    Name: _____ Age _____ DOB _____				
Name: _____ Age _____ DOB _____    Name: _____ Age _____ DOB _____				
<b>Spouse or Other Wage Earner Information</b>				
Last Name:		First Name:	Home/Cell Phone: (If different from above)	
Employer:		Employment Status: Full or Part time		
Hourly Wage: \$		Annual Income: \$	Work Phone:	

Financial Assistance is Temporary

The Mexico Area Family YMCA recognizes that from time to time, people may need some financial help. Financial assistance is intended to be temporary. You will be asked to reapply annually.

Mexico Area Family YMCA  
Financial Assistance Policy

Mexico Area Family YMCA programs and activities are designed to benefit persons of all backgrounds, and fees are based on the cost of providing each program. While participants are expected to pay their fair share, when financial assistance dollars are available, the YMCA will assist any individual or family that wants to participate but cannot afford the fee

Please fill out the front and back of this form

Monthly Family Income (we need copies of proof of income)		Monthly Family Expenses	
Household Wages:		Rent/Mortgage:	
Worker' Comp:		Food:	
Food Stamps:		Transportation:	
Child Support:		Child Care:	
All Other Income:		Medical:	
Unemployment:		Utilities	
Social Security or SSI:		All Other (Credit Debt, etc.)	
Total		Total	
<b>Amount I can pay toward this program: \$</b> _____		<b>(Must be completed. All applicants are asked to pay their fair share)</b>	
Have You Ever been a YMCA member: YES _____ NO _____		If yes when? _____	
Why do you want to participate as a YMCA member or program participant?			
List special circumstances that you feel should be taken into consideration during review of this application?			
Signature of Applicant: (Parent or Guardian if under 18)		Date Application Submitted:	

### What Happens Next

1. Processing of your forms usually takes about four weeks.
2. When your forms are processed, the YMCA will contact you by letter or telephone.
3. The YMCA will send you a letter to verify that your application has been approved.
4. Bring the verification letter with you whenever you sign up for a membership or program.

### Contact Us

Please contact us if you have any questions or concerns about this process.

Mexico Area Family YMCA  
 1127 Adams Street  
 Mexico, MO 65265  
 573.581.1540  
 573.581.1210 Fax

For YMCA Use only						
Value of Service: \$ _____	Review Date: _____	Joining Fee: _____				
Membership Type:	Family	Single Parent Family	Single Adult	Youth	Senior Adult	Senior Couple
Percent of Assistance: % _____	Amount of Assistance: \$ _____	Percent Participant Pays: % _____	Amount Participant Pays: \$ _____			
Application Reviewed By: _____		Date Application Approved: _____		Deadline Date: _____		
Date Received _____			Staff Initial _____			