

Owen County Family YMCA Application for Financial Assistance

Applicant Name _____ Date Received _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Business Phone (____) _____
 Co-Applicant Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Business Phone (____) _____

Please list all family members/children living in household including yourself.

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Relationship to Applicant</u>	<u>Program Requesting Assistance for</u>
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____	_____
7) _____	_____	_____	_____	_____	_____
8) _____	_____	_____	_____	_____	_____

How much can you pay for the program or membership for which you are requesting assistance? \$ _____

IMPORTANT!!! With this application, please include the following pieces of documentation:

- 1) Copies of your last 2 paycheck stubs from all current employers.
- 2) Copy of your most recent W/2 and your most recent income tax return.
- 3) Proof of public assistance if applicable (such as Medicaid, Food Stamp, and SSI # copies).
- 4) Any special documentation required by YMCA branch.

MONTHLY INCOME

MONTHLY EXPENSES

<u>TYPE</u>	<u>ANNUAL AMOUNT</u>
Wages/Salaries	\$ _____
Social Security	\$ _____
Food Stamps	\$ _____
Unemployment	\$ _____
Child Support/Alimony	\$ _____
Pension/Retirement	\$ _____
Other	\$ _____
TOTAL	\$ _____

<u>TYPE</u>	<u>MONTHLY AMOUNT</u>
Rent/Mortgage	\$ _____
Groceries	\$ _____
Phone	\$ _____
Utilities	\$ _____
Car Payments	\$ _____
Medical	\$ _____
Other	\$ _____
TOTAL	\$ _____

Unusual Circumstances (please explain)

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation as requested. I understand this financial assistance is short term only.

APPLICANT'S SIGNATURE

DATE