

Look at the list below and mark the items you or anyone in your household receives and include verification:

ITEM	AMOUNT RECEIVED
SSI	
TANF	
FOOD STAMPS	
SOCIAL SECURITY	
**CHILD SUPPORT	
PELL/HOPE GRANT	
DISABILITY/SICK PAY	
RETIREMENT/PENSION	
UNEMPLOYMENT	
WORKMAN'S COMP.	

NOTE:
**** You must provide proof that you are actively pursuing Child Support Enforcement services or you will not qualify for Financial Assistance to the Moultrie YMCA.**

****All adults in the household must be working in order to receive assistance for child care programs.**

****The above information must be accompanied by the corresponding verification. Attach the information to the back of this application.**

Why do you wish to receive Financial Assistance from the Moultrie YMCA? _____

YMCA membership policy requires payment in full (*extended payment may be arranged*) or a draft on your checking account monthly. Payment towards the payment in full plan will activate the assistance and/or membership immediately. If complete payment is not received within the specified time period, the assistance and/or membership with immediately be terminated.

I do hereby declare that the information provided on this form is complete and truthful to the best of my knowledge. I have attached the requested documentation to verify my monthly household income. I also understand that this application is subject to review by the Chief Financial Officer of the YMCA. If approved, this application MUST be renewed upon request. The office or General Director may request a renewal or further information at anytime. However, this application MUST be renewed at the end of one year. Furthermore, I understand that I am obligated to immediately notify the YMCA of any changes in the listed income or circumstances that will affect my eligibility for financial assistance. I understand that any false information provided by me will result in immediate termination of any financial assistance provided by this organization. Finally, I have read and understand this statement.

SIGNATURE _____ DATE _____

*******FOR OFFICE USE ONLY*******

The office staff will ask the following questions when you return this form to the Membership office.

1. Is this a NEW or RENEWAL application? Renewal date _____
 2. What type of membership are you requesting?
 3. Are there specific programs that you are interested in?
 4. Are there any special circumstances we should know about?
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RECEIVED BY OFFICE: _____ EMPLOYEE NAME _____

M F C B A H

REVIEWED BY _____ DATE _____

MEMBERSHIP TYPE _____
AMOUNT DUE \$ _____ ASSISTANCE \$ _____
PROGRAM ASSISTANCE % _____

CHILDCARE TYPE _____
WEEKLY AMOUNT DUE \$ _____ ASSISTANCE \$ _____