



FINANCIAL ASSISTANCE APPLICATION

It is the policy of the Moultrie YMCA to provide services for children and adults who would like to participate and who understand the benefits of the YMCA, regardless of their ability to pay the standard fees.

GENERAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MI: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____
DATE OF BIRTH: _____ HOME PHONE #: _____ CELL #: _____

EMPLOYMENT INFORMATION (must attach proof of gross income for current 6 WEEKS)

YOUR EMPLOYER: _____ PHONE #: _____
SPOUSE'S NAME: _____
SPOUSE'S EMPLOYER: _____ PHONE #: _____

COLLEGE INFORMATION

*****FULL TIME STUDENTS MUST SUBMIT A LETTER VERIFYING FULL TIME ENROLLMENT SIGNED BY THE REGISTRARS OFFICE OF THEIR SCHOOL*****

Are you or anyone in the household enrolled as a full time, day time college student? YES NO
Name of student: _____ School attending: _____
Does this student receive ANY financial aid? YES NO

If you answered yes to the previous question, what is the amount of assistance? \$ _____
*Please attach verification to the back of this application

PLEASE LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD

NAME (FIRST AND LAST)	SEX	RELATIONSHIP	DATE OF BIRTH

Please note the amount received next to each item below that you or anyone in your household receives. Please include verification for each:

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

NOTE:

Documentation of the above information allows the Moultrie YMCA to better determine your eligibility for Financial Assistance. All information must be accompanied by the corresponding verification. Please attach all verification to the back of this application.

*If you receive child support, proof must be provided that you are actively pursuing Child Support Enforcement services.

*In order to receive assistance for child care programs, all adults in the household must obtain full time positions and/or be working AND going to school.

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 will be terminated immediately.

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?

Family / SP Family / Adult / Senior / SR Family / Student / Teen / Youth

3. Are there specific programs that you are interested in? Y / N

Which? _____

4. Are there any special circumstances we should know about? Y / N

Explain: _____

5. If employed, are 6 weeks paystubs attached? Y / N

6. If single parent, are child support documents for all listed children attached? Y / N

Gender: M/F EEOC: _____

Staff Initials: _____

RECEIVED BY OFFICE: _____

EMPLOYEE NAME: _____

REVIEWED BY: _____

DATE: _____

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

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