



Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## MEMBERSHIP AND PROGRAM FOR ALL EXTRA HELP APPLICATION

Please allow 7 – 10 business days to process your application once ALL required documentation is received.

**I AM APPLYING FOR:**

- FAMILY MEMBERSHIP**
- PROGRAM NAME:** \_\_\_\_\_
- SCHOOL AGE CHILD CARE\***
- PRESCHOOL CHILD CARE\***

**INDIVIDUAL MEMBERSHIP**

**BRANCH:** \_\_\_\_\_  
**BRANCH:** \_\_\_\_\_  
**SITE:** \_\_\_\_\_  
**SITE:** \_\_\_\_\_

\* All licensed child care programs are eligible for 3-C and other third party child care subsidies. Those who qualify for 3-C or other subsidies are not eligible for additional assistance through the Y.

**REQUIRED DOCUMENTATION CHECKLIST:**

- Completed application.** (Please print clearly and fill out the front and back of the application completely.)
- A copy of the **first page of the most recent 1040 Tax Form for EACH ADULT (age 18 and over) in the household.** If you do not file taxes, you may obtain an IRS transcript by calling the Internal Revenue Service at **1-800-829-1040** or go to **www.irs.gov**.
- Proof of income for EACH ADULT (age 18 and over) in the household.** This includes copies of the last TWO pay stubs, social security or disability checks. You may also submit copies of bank statements showing automatic monthly deposits of government checks. **Please, no W-2's.**
- If you are requesting that your status as a full-time student be considered, you must provide **evidence of enrollment.**
- Documentation of **ANY federal assistance** you receive such as food stamps, rent subsidy or Aid to Dependent Children cash assistance.
- Student loan documentation**, if applicable.

APPLICANT'S INFORMATION		OTHER ADULTS IN HOUSEHOLD INFORMATION	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE, ZIP		STATE, ZIP	
HOME PHONE		HOME PHONE	
CELL PHONE		CELL PHONE	
EMAIL		EMAIL	
DATE OF BIRTH		DATE OF BIRTH	
EMPLOYER		EMPLOYER	

**DEPENDENTS OR ADDITIONAL ADULTS LIVING IN THE HOUSEHOLD**

Name: _____	Gender: Male / Female	Date of Birth: _____	
Name: _____	Gender: Male / Female	Date of Birth: _____	
Name: _____	Gender: Male / Female	Date of Birth: _____	
Name: _____	Gender: Male / Female	Date of Birth: _____	
Name: _____	Gender: Male / Female	Date of Birth: _____	

The YMCA of Greater Louisville is a non-profit organization committed to our mission of putting Christian principles into practice through programs that build a healthy spirit, mind and body for all. We are here to serve people of all ages, backgrounds, abilities and incomes. That's why we offer financial assistance on a sliding fee scale that is designed to fit each individual's financial situation.

The funds available for Financial Assistance are made possible through the generosity of our members and donors through our YMCA Annual Campaign. We believe a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement; therefore, applicants will be asked to pay some portion of the fees. Please help us to understand your need.

**GROSS ANNUAL INCOME AND EXPENSES:**

Household Income:	Head of Household	Additional Adults	Household Expenses	
Employment	\$ _____	\$ _____	Mortgage	\$ _____
Child Support	\$ _____	\$ _____	Electric/Gas/Water	\$ _____
Government Assistance	\$ _____	\$ _____	Phone	\$ _____
Food Stamps	\$ _____	\$ _____	Medical Expenses	\$ _____
Student Loan Income	\$ _____	\$ _____	Auto Loan	\$ _____
Other	\$ _____	\$ _____	Other _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>Total</b>	<b>\$ _____</b>

Please describe your circumstances/reason for applying for financial assistance, including any unusual expenses you must meet. (Attach additional pages if necessary.)

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I certify that the above information and the supporting documents are correct and complete to the best of my knowledge. I agree to inform the YMCA immediately of any changes in my income, family size, or mailing address. I understand that I may lose all YMCA privileges for lack of payment or falsifying information in connection with this application. **I understand that my reduced financial assistance rate will not be automatically extended beyond the award period and that I must bring updated information annually, or as requested, to qualify for the reduced rate. If I don't provide updated information, my monthly membership rate will be moved to a full rate.** Financial assistance is provided based on household income and available resources.

The YMCA encourages financial assistance recipients to write a brief note describing how the program has been of help to them. These stories may be shared with YMCA supporters to show them how their contributions are used and to encourage prospective donors to become involved.

**Would you be willing to share your story?**                       Yes                       No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit ID: \_\_\_\_\_