



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

WE'RE HERE TO HELP

Financial Assistance Application **YMCA of Greater Cleveland**

APPLICANT INFORMATION New Application
 Renewal
PLEASE PRINT.

Name _____

First Last
Mailing Address _____

City Zip _____

Home Phone _____

Cell Phone _____

Email _____

If under 18, parent or guardian's legal name(s): _____

ALL PERSONS LIVING IN HOUSEHOLD
Place a check mark for each family member applying for assistance.

	Name	DOB mm/dd/yy	Adult, Child, or Dependent
<input type="checkbox"/>			<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/>			<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/>			<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
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<input type="checkbox"/>			<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/>			<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D

FINANCIAL INFORMATION

My household income for the past month was: \$ _____
I can afford _____ per month for YMCA dues/fees.

Assistance currently receiving:

Supplemental Security Income (SSI)
 Food Stamps Medicaid Rental Assistance
 Other: _____

Please attach copies of the following forms, if applicable.

IRS 1040 Federal Tax Form
 Two current pay stubs
 Copy of Social Security or Disability checks
 Copy of recent bank statement showing amount of automatic monthly deposit(s)

Copy of unemployment check, child support or alimony payment
 Copy of rental assistance, ADC, food stamps or other forms of assistance.

Attach all applicable financial documents and turn in to your YMCA's Member Services Desk or if Childcare email children@clevelandymca.org

THIS APPLICATION IS FOR: Check all that may apply.

Membership	Programs
<input type="checkbox"/> Youth/Teen	<input type="checkbox"/> Youth Sports
<input type="checkbox"/> Adult	<input type="checkbox"/> Swim Lessons
<input type="checkbox"/> Family	<input type="checkbox"/> Fitness
<input type="checkbox"/> Senior	<input type="checkbox"/> Child Care

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature _____ Date _____

