



# ATHENS YMCA

## FINANCIAL ASSISTANCE APPLICATION

Please fill out the following information and attach the necessary documents (photocopies only) and return to the Athens YMCA. A letter stating your reason for your request for financial assistance must accompany this application. Balance of the allocation for financial assistance must be paid in full or on our automatic payment plan through our monthly bank draft.

### Please Print All Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse/Child(ren)'s Name	Age	School/Employer	Birth Date

How many people live in your household? \_\_\_\_\_

Application for financial assistance is for:

- Afterschool Program     
  Summer Camp     
  Membership
- Other (please state) \_\_\_\_\_

Have you ever applied for financial assistance before at the Athens YMCA?

- Yes       No

Present Income Level Is (Please Check Option):			
	Under \$8,000		\$18,001 to \$20,000
	8,001 to \$12,000		\$20,001 to \$25,000
	\$12,001 to \$15,000		\$25,001 to \$30,000
	\$15,001 to \$18,000		Over \$30,000



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Please itemize your monthly income and expense items

INCOME		EXPENSE	
Gross Monthly Income (Before Taxes)	\$ _____	Rent/Mortgage	\$ _____
Spouse's Gross Monthly Income (Before Taxes)	\$ _____	Car/Insurance	\$ _____
Child Support	\$ _____	Fuel	\$ _____
Aid to Dependent Children	\$ _____	Groceries	\$ _____
Social Security Compensation	\$ _____	Utilities	\$ _____
Unemployment Compensation	\$ _____	Phone	\$ _____
Food Stamps	\$ _____	Child Support	\$ _____
Welfare	\$ _____	Medical	\$ _____
Retirement Funds	\$ _____	Child Care	\$ _____
Other (Please Explain)	\$ _____	Alimony	\$ _____
Other (Please Explain)	\$ _____	Other	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>TOTAL MONTHLY EXPENSE</b>	<b>\$ _____</b>

Additional Items For Consideration (Job Loss, Child Support, Medical Bills, Disability, etc.)

Please submit verification of the following (at least 2 out of the 7 items)
Special Expenses
Three most recent payroll stubs including year to date earnings
A copy of last year's income tax form
A copy of unemployment income
A copy of child support and/or alimony checks
Proof of mortgage or rent payments
Proof of automobile payments(s) (if applicable)

I certify that the information on this application is true and complete to the best of my knowledge. I understand the verification documents must be submitted or my application cannot be processed.

**PLEASE SIGN & DATE BELOW:**

Applicant's Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Please allow a minimum of four to six weeks before this application can be processed and approved (or denied) by the Executive Director. You will be contacted either through a phone, email, or through the mail as to the status of your application.