



# SALINA FAMILY YMCA INCOME BASED FINANCIAL ASSISTANCE APPLICATION

## Apply for assistance in 5 easy steps!

### 1 APPLICANT INFORMATION

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

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

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

Phone: ( ) \_\_\_\_\_ DOB: \_\_\_\_\_

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

If applicant is under 18, parent/legal guardian's name:

\_\_\_\_\_

#### ALL PERSONS LIVING IN THIS HOUSEHOLD:

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

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

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

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

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

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

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

### 2 I AM APPLYING FOR

X Select one category for which you are applying.

• YOUTH (ages 0-9)

• STUDENT (ages 10-18)

• YOUNG ADULT (ages 19-26)

• ADULT (ages 27+)

• COUPLE (Two people in household)

• FAMILY (Two adults and dependents)

### 3 TO APPLY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS FOR EACH ADULT IN THE HOUSEHOLD:

I FILED FEDERAL TAXES for last year and/or receive Social Security:

1040 Federal Tax Form(s) for ALL ADULTS in house hold

SSI/Disability Award Letter

I DID NOT FILE Federal Taxes for last year.

Other Assistance (i.e., food stamps, child support, unemployment)

Please attach any income documentation required including other forms of assistance (i.e., food stamps, child support, unemployment) to this form.

### 4

I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of any changes in information supplied in this application such as income, address, living arrangements, marital status or other matters that might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can and may result in immediate revocation of membership and program privileges.

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Attach all application financial documents and turn in to the Salina Family YMCA. Approval process takes 1-2 business days.

#### OFFICE USE ONLY

Member #: \_\_\_\_\_ Application Date: \_\_\_\_\_ AGI: \_\_\_\_\_ Scholarship %: \_\_\_\_\_

Staff Member Initials: \_\_\_\_\_ Length of Approval: \_\_\_\_\_ Date entered into Google Sheets: \_\_\_\_\_



**5** **"YOUR STORY"** Tell us how our Y can help you: \_\_\_\_\_

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**STAFF USE ONLY**

SOURCE OF INCOME	1st ADULT	2nd ADULT	WEEKLY	BI-WEEKLY	MONTHLY
Salary, Wages & Tips					
Unemployment					
Social Security/Disability					
Food Stamps					
Cash Assistance					
Child Support					
Alimony					
Retirement					
Other					

**TOTAL COMPUTED INCOME:** \_\_\_\_\_