



Membership ID: _____
 Date received: _____
 Staff Initials: _____
 If approved, assistance valid through:
 ____/____/____

Financial Assistance Application

YMCA OF SAN FRANCISCO

All information is confidential. Completion of this application does not guarantee approval. (Please allow up to two weeks for processing)

PRIMARY ADULT

Name: _____
 Home Phone: _____ Alternate Phone: _____
 Address: _____ Apt: _____ City: _____
 State: _____ Zip: _____ Date of Birth: ____/____/____
 Do you receive income? Yes No Email Address: _____
 Are you currently a YMCA Member? Yes No If yes, what kind of member? Facility Program

SECONDARY ADULT

Name: _____
 Home Phone: _____ Alternate Phone: _____ Date of Birth: ____/____/____
 Does this person receive income? Yes No Email Address: _____

ADDITIONAL FAMILY MEMBERS

Name: _____ Date of Birth: ____/____/____
 Name: _____ Date of Birth: ____/____/____
 Name: _____ Date of Birth: ____/____/____
 Number of adults over 18 in your home: _____ Number of children under 18 in your home: _____

TYPE OF FINANCIAL ASSISTANCE

(Applicants may choose program and/or membership categories)

PROGRAM

Program Name: _____ Participant Name: _____
 Program Name: _____ Participant Name: _____
 Program Name: _____ Participant Name: _____

MEMBERSHIP

Membership Type: _____ Billing Cycle: Monthly* Semi-Annual Annual

NOTE: If assistance is not renewed by its expiration date, members on a **monthly*** billing cycle will be charged the full membership rate.



HOUSEHOLD MONTHLY INCOME

1. Please attach photocopies of qualifying documents from at least two of the four options below:

(Feel free to black out social security numbers and account numbers)

- Current federal tax return for ALL applicants applying for assistance.
- Two of the most recent pay stubs from primary and secondary adult (if applicable), or a letter from your employer(s) on company letterhead stating your monthly gross income.
- Disbursement voucher for AFDC and SSI recipients.
- Proof of income or assistance you currently receive for:

Unemployment: \$_____ Disability: \$_____ Child Support/Alimony: \$_____

Pension/Retirement: \$_____ Other: \$_____

2. Are you receiving any other financial assistance? Yes No

If yes, please describe: _____

3. Are there any other factors that we should take in consideration in evaluating your need for assistance?

4. How should we contact you regarding the status of your application (choose one):

- Email Phone call Letter

Supporting documents will not be returned, so please enclose photocopies.

Each application is reviewed and approved independently. If there are changes in your income, please notify YMCA.

ACKNOWLEDGEMENT

I acknowledge by my signature below that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need if requested. If awarded assistance, my scholarship is valid for one year and the award amount may vary from program to program. I am aware that on-time payments are required for participation. I acknowledge it is my responsibility to renew my application once it expires.

Signature: _____ Date: ____/____/____

YMCA financial assistance is made available through donations, grants, and association earned income.

FOR OFFICE USE ONLY

Reviewed by: _____

Approved Denied (reason): _____

Award %: Membership: _____ Program: _____

Date applicant was notified: ____/____/____ Applicant response: Accepted Declined