

FOR OFFICE USE ONLY

Award _____%



Membership ID: _____

Date received: _____

Staff Initials: _____

If approved, assistance valid through:

___/___/___

Financial Assistance Application YMCA OF SAN FRANCISCO

HOUSEHOLD

Primary Adult: _____ Date of Birth: ___/___/___

Secondary Adult: _____ Date of Birth: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Are you currently a YMCA Member? Yes No

Number of adults 18+ in your home: _____ Number of children under 18 in your home: _____

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

Email: _____ Phone: _____

TEMPORARY MEMBERSHIP ASSISTANCE GRANTED - PENDING INCOME VERIFICATION

1. If you do not have income verification documents but would like to enroll in the Y today, our staff can temporarily approve you for _____ % of membership financial aid based on questions around your current household income.
2. You have chosen your monthly draft date to be on the 5th or 20th of each month. Temporary granted assistance only applies to monthly drafted memberships.
3. To verify your income, please bring supporting documents in-person to the YMCA by ___/___/___.
4. If documents are not brought in by the above deadline, your membership will be automatically drafted at the regular rate of \$ _____ starting ___/___/___.
5. You will have a chance to accept or decline the rate offered.

____ (please initial) I understand the terms and conditions of YMCA temporary granted assistance approval.

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 INCOME

Each adult in the household needs to provide their most current Federal Tax Return and any other supporting documentation to verify income:

Do you have your documents with you today? Yes No

No Docs	With Docs	Rcvd. by Staff Date	
\$ _____	\$ _____	_____	Monthly Income-1st adult (SSI, unemployment, retirement)
\$ _____	\$ _____	_____	Monthly Income-2nd Adult (SSI, unemployment, retirement)
\$ _____	\$ _____	_____	Monthly Income-additional adult (SSI, unemployment, retirement)
\$ _____	\$ _____	_____	Child support/Alimony
\$ _____	\$ _____	_____	Assistance (food stamps, disability, school financial aid)
\$ _____	\$ _____	_____	Other income or assistance (Please describe: _____)
\$ _____	\$ _____	_____	Total Monthly Income
\$ _____	\$ _____	_____	Total Annual Income
\$ _____	\$ _____	_____	Federal Tax Return - Adjusted Gross Income Amount

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

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: ____ / ____ / ____

FOR MEMBERSHIP OFFICE USE ONLY

Pre-Approval Reviewed by (Print Name): _____

Approved Denied (reason): _____

Pre-approval amount: _____% off monthly dues

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

Final Approval Reviewed by (Print Name): _____

Approved Denied (reason): _____

Final approval amount: _____ % off monthly dues

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