



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