



# YMCA of Southwest Michigan Financial Assistance Application

**Location:**  Benton Harbor-St. Joseph YMCA  Niles-Buchanan YMCA

**Membership Type:**  Individual  Couple  Household

Please note: This application requires the income of everyone in the household, including those not on the membership. We cannot accept \$0 income. Incomplete paperwork or income requirements may delay your assistance process. SNAP or Cash Assistance through the Department of Human Services is an instant approval of 45%. Include pages 1 & 2 with application.

**Adult #1**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Current Status  Employed  Student  Retired  SS/Disability

**Last 12 Months of Employment** (Include additional employers on separate sheet)

Employer \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Are you currently a student?  Yes  No *If yes, class schedule & loan/grant income is required with this application.*

Are you currently employed?  Yes  No *If no, why?* \_\_\_\_\_

**Fill in each section that applies to you:**

Salary \$ \_\_\_\_\_ Cash Assistance \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_ Pension/Retirement \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

SSI/Disability \$ \_\_\_\_\_ Child Support/Alimony \$ \_\_\_\_\_

*Please attach proof of monthly gross income, last tax return filed with W2, and if self-employed, Schedule C tax return.*

**Adult #2**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Current Status  Employed  Student  Retired  SS/Disability

**Last 12 Months of Employment** (Include additional employers on separate sheet)

Employer \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Are you currently a student?  Yes  No *If yes, class schedule & loan/grant income is required with this application.*

Are you currently employed?  Yes  No *If no, why?* \_\_\_\_\_

**Continued on next page.**

**Adult #2 Continued**

**Fill in each section that applies to you:**

Salary	\$ _____	Cash Assistance	\$ _____	Food Stamps	\$ _____
Unemployment	\$ _____	Pension/Retirement	\$ _____	Other	\$ _____
SSI/Disability	\$ _____	Child Support/Alimony	\$ _____		

Please attach proof of monthly gross income, last tax return filed with W2, and if self-employed, Schedule C tax return.

**Additional Adult(s) 18+**

Residing in same household. Please attach proof of residency & income. Additional adults are required to pay an add-on fee unless they are a full-time student. Class schedule & loan/grant income is required for students.

Name \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  
 Current Status  Employed  Student  Retired  SS/Disability

Name \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  
 Current Status  Employed  Student  Retired  SS/Disability

**Dependents (0-17 years old)**

Residing in same household. Need proof of filed tax returns or school records. (Include additional dependents on separate sheet)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
 School/Grade \_\_\_\_\_ Child Support \$ \_\_\_\_\_ SS/Disability \$ \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
 School/Grade \_\_\_\_\_ Child Support \$ \_\_\_\_\_ SS/Disability \$ \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
 School/Grade \_\_\_\_\_ Child Support \$ \_\_\_\_\_ SS/Disability \$ \_\_\_\_\_

**Please use this space to include any other factors that we should take in consideration in evaluating your request**

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I certify that the information I have provided is true and complete to the best of my knowledge. I agree to notify the YMCA if my financial status should change. I understand that inaccurate and incomplete information may cause termination from the financial assistance program. I understand that if my application is approved, my assistance will be reviews on an annual or semi-annual basis and adjusted based on my circumstances at that time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Date Received _____	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Processed _____
Staff Initials _____	Member ID _____	FA Reviewer _____
	<input type="checkbox"/> New <input type="checkbox"/> Renewal	Renewal Date _____