



The YMCA of South Palm Beach County Financial Assistance Application

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City: _____

State and Zip Code: _____ Phone: _____

Email: _____ New Or Renewal Application? _____

Are you a current YMCA of SPBC Member? Member Non-Member

SPOUSE/DOMESTIC PARTNER INFORMATION

Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Financial Assistance Requested

Family Membership

Adult Membership

Senior Membership

Youth Membership

*If available, I'd like to be considered for
additional assistance with:*

Preschool/Childcare

School Aged Childcare

Sports

Swim

Summer Camp

EMPLOYMENT INFORMATION

Applicant's Employer: _____

Employer's Address: _____ City: _____ State: _____

Employment Status: Full Time Part Time Self-employed Unemployed Disabled Retired

Work hours: _____ Payroll: Weekly Biweekly Semimonthly Monthly

Spouse/Domestic Partner's Employer: _____

Employer's Address: _____ City: _____ State: _____

Employment Status: Full Time Part Time Self-employed Unemployed Disabled Retired

Work hours: _____ Payroll: Weekly Biweekly Semimonthly Monthly



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FAMILY INFORMATION

Marital Status: Single Married Separated Divorced Widowed

Number of Adults: _____ Number of Children: _____ Total Family Size: _____

Name: _____ Date of Birth: _____ Relation: _____

Name: _____ Date of Birth: _____ Relation: _____

Name: _____ Date of Birth: _____ Relation: _____

Name: _____ Date of Birth: _____ Relation: _____

Do you Rent or Own? _____ Monthly Rent or Mortgage? \$ _____ Paid by: Cash
 Check
 Money Order

Does anyone in the household have a Special Needs' trust? Yes No

GROSS* TOTAL MONTHLY WAGES *Not Net

Your Gross Monthly Income: \$ _____

Spouse's Gross Monthly Income: \$ _____

Business Income \$ _____

State-Fed Aid/TANF/SSI/DDD \$ _____

Unemployment \$ _____

Child Support Income \$ _____

Other Income \$ _____

Total Monthly Gross Income \$ _____

ADDITIONAL INFORMATION

Please tell us anything else about your income and/or circumstances, including any outstanding significant debt, that you feel would be pertinent to your situation.

THIS APPLICATION MUST BE RENEWED EVERY 6 MONTHS!
 I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

PLEASE NOTE THE FOLLOWING:
 Financial assistance will be canceled if there is any membership or outstanding balance on your account, please be sure to pay your portion on time.

- Memberships with scholarships are not eligible for holds/freezes.
- If you wish to cancel your membership at any time, you must visit the YMCA and complete a cancellation form 30 days prior to the draft date.
- You must check in at least 8 times per month in order to keep your scholarship active, or it will be surrendered to another family.

Applicant Signature: _____

Printed Name: _____

Date: _____



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Required Supporting Documentation Checklist

Please provide 2 of the first 3 highlighted items.

- Copy of Federal Tax Returns (1040/1041) for the past 2 years, including W-2 forms. If renewing, only the most recent tax return and W-2 is required.
- Copy of 2 most recent months' pay stubs or letter from employer stating hours worked and pay received. Letter from employer must include the employer's name, address and phone number.
- Copy of 2 most recent months bank statements (checking, savings, money market, brokerage). Complete statements must be provided.
- Copy of any court ordered child support and/ or alimony if applicable. Please provide the most recent End of Year Statement from the State Child Support Enforcement agency.
- Copy of Unemployment Insurance Benefits, Social Security, SSI, DDI, TANF, etc. if applicable.
- Copy of Special Needs Trust documentation, including any financial statements, if applicable.
- Copy of Current Drivers License
- Current Utility Bill or Proof of Address