



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## REQUEST FOR FINANCIAL ASSISTANCE

The YMCA of Darke County has made a commitment to our community to provide access to our facilities regardless of ability to pay and the Y is able to fulfill this commitment with the support of our Annual Community Partners Campaign.

**To process your financial assistance application, please provide all applicable documentation (for a family membership, each working adult needs to provide proof of their income):**

- Completed Financial Assistance Application
- Copy of most recent year's Federal Income Tax Return
- Copy of two most recent pay stubs for each working person within the household
- Copy of most recent Social Security/Disability Award Letter (if applicable)
- Copy of Child Support documentation (if applicable)
- Copy of most recent Food Assistance/Cash Assistance Award Letter (if applicable)
- Copy of Unemployment Benefits Statement (if applicable)
- Copy of any other income – this includes Retirement, Workers Compensation, Alimony, Rental Income, or Pension (if applicable)

**Failure to provide proper documentation will result in the application process being delayed until all documentation is received and the application is filled out completely.**

**Please allow 7-14 business days to process your application.** Upon processing, you will be sent a letter via mail stating whether or not you have been approved.

The YMCA of Darke County requires that individuals re-apply after a 12 month period to keep the information on the application updated. You will be notified a month before your expiration date to re-apply. Your fees are subject to increase when you re-apply. If you do not re-apply, your membership dues will automatically increase to the regular membership rate.

# FINANCIAL ASSISTANCE APPLICATION

Today's Date: \_\_\_\_\_ Gender (circle one): Male Female

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you currently a YMCA member?  Yes  No

Are you currently receiving financial assistance?  Yes  No

Marital Status (please check one):  Single  Married  Separate/Divorced  Widowed

Applicant's Employer's Name: \_\_\_\_\_

Applicant's Employer's Address: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (circle one): Male Female

Co-Applicant's Employer's Name: \_\_\_\_\_

Co-Applicant's Employer's Address: \_\_\_\_\_

Number of Adults in Household: \_\_\_\_\_ Number of Children in Household: \_\_\_\_\_

Please list the first name, last name, gender and date of birth of all depends living in your household. You may be required to show proof of residency.

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

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Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

## FINANCIAL ASSISTANCE APPLICATION

Please check the type of membership you are applying for:

- Youth (6-18)     Adult (19-61)     Senior Adult (62+)     Single Parent Family  
 Family     Senior Family (both 62+)

### FAMILY MEMBERSHIPS

Family members must be immediate family that live in the same household and are claimed as dependents on your federal tax return. All discrepancies are subject to review.

For a Family membership, each working adult needs to provide their proof of income.

### INCOME/EXPENSE WORKSHEET

Income (list all MONTHLY income)

Applicant's Monthly Income            \$ \_\_\_\_\_  
Co-Applicant's Monthly Income        \$ \_\_\_\_\_  
Other Income (all adults 18+)         \$ \_\_\_\_\_  
Child Support (if applicable)         \$ \_\_\_\_\_  
Social Security/SSI (if applicable)    \$ \_\_\_\_\_  
Food Assistance (if applicable)        \$ \_\_\_\_\_  
Cash Assistance (if applicable)        \$ \_\_\_\_\_  
Unemployment (if applicable)         \$ \_\_\_\_\_  
Alimony (if applicable)                \$ \_\_\_\_\_  
Pension/Retirement (if applicable)   \$ \_\_\_\_\_  
Housing Assistance (if applicable)     \$ \_\_\_\_\_  
Other (please explain)                 \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL INCOME                            \$ \_\_\_\_\_

Expenses (list all MONTHLY expenses)

Rent/Mortgage                            \$ \_\_\_\_\_  
Vehicle Payments                        \$ \_\_\_\_\_  
Utilities                                    \$ \_\_\_\_\_  
Phone Service                             \$ \_\_\_\_\_  
Cable/Internet                            \$ \_\_\_\_\_  
Child Care                                 \$ \_\_\_\_\_  
Food                                         \$ \_\_\_\_\_  
Credit Cards                              \$ \_\_\_\_\_  
Medical Expenses                        \$ \_\_\_\_\_  
Gas (Car/Home)                          \$ \_\_\_\_\_  
Insurance                                 \$ \_\_\_\_\_  
Other (please explain)                 \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL EXPENSES                         \$ \_\_\_\_\_

