



FOR YOUTH DEVELOPMENT<sup>®</sup>  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA OF DARKE COUNTY REQUEST FOR FINANCIAL ASSISTANCE

To process your financial assistance application, please provide all applicable documentation (for the 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 in 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 (if applicable)
- Copy of Unemployment Benefits Statement (if applicable)
- Copy of any other income — this includes Retirement, Workers Compensation, Alimony, Rental Income, Pension (if applicable)

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: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_ Gender (Circle One):    Male    Female

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

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

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

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**Please check the type of assistance requested (check all that apply)**

**MEMBERSHIP:**  Family     Single Parent Family     Young Adult     Adult     Senior Adult     Senior Family     Youth  
(19-24)    (25-64)    (65+)    (both 65+)    (6-18)

**CHILDCARE (GREENVILLE ONLY):**  Infant/Toddler     Pre-School     Elementary     Summer Camp

**PROGRAMS:** Please list the name of program(s) \_\_\_\_\_

# INCOME/EXPENSE WORKSHEET

Income (list all MONTHLY income)

Expenses (list all MONTHLY expenses)

Applicant's Monthly Income \$ \_\_\_\_\_

Rent/Mortgage \$ \_\_\_\_\_

Co-Applicant's Monthly Income \$ \_\_\_\_\_

Vehicle Payments \$ \_\_\_\_\_

Other Income (all adults 18+) \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Child Support (if applicable) \$ \_\_\_\_\_

Phone Service \$ \_\_\_\_\_

Social Security/SSI (if applicable) \$ \_\_\_\_\_

Cable/Internet \$ \_\_\_\_\_

Food Assistance (if applicable) \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Cash Assistance (if applicable) \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Unemployment (if applicable) \$ \_\_\_\_\_

Credit Cards \$ \_\_\_\_\_

Alimony (if applicable) \$ \_\_\_\_\_

Medical Expenses \$ \_\_\_\_\_

Pension/Retirement (if applicable) \$ \_\_\_\_\_

Gas (Car/Home) \$ \_\_\_\_\_

Housing Assistance (if applicable) \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Other (please explain) \$ \_\_\_\_\_

Other (please explain) \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

So that we may better evaluate your needs, please share your reasons for requesting financial assistance and how you feel you and your family would benefit from a YMCA membership. Please list any extenuating circumstances that might assist us in the review process:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_ Date processed: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

% of Assistance: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_ Yearly Amount: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_