



# FINANCIAL ASSISTANCE APPLICATION

## YMCA of Lansing

**Proof of all income must accompany all applications. Current tax returns or government assistance forms are required.**

**Personal** (please print) \_\_\_\_\_

Name of person to receive assistance \_\_\_\_\_

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

Ethnicity \_\_\_\_\_ Birthdate \_\_\_\_\_  M  F

Spouse's name (if applicable) \_\_\_\_\_

Ethnicity \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

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

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Number of adults in household \_\_\_\_\_ Number of children \_\_\_\_\_

### Dependents Living At Home

Name \_\_\_\_\_ Ethnicity \_\_\_\_\_  M  F Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Ethnicity \_\_\_\_\_  M  F Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Ethnicity \_\_\_\_\_  M  F Birthdate \_\_\_\_\_

### Employment

Currently employed:  No  Yes Occupation \_\_\_\_\_

Employer's name \_\_\_\_\_ Phone \_\_\_\_\_

### Students

Are you presently enrolled in school:  No  Yes Full Time:  No  Yes

Name of school \_\_\_\_\_

Are you receiving financial assistance:  No  Yes How much \$ \_\_\_\_\_

### Income

Monthly gross income \$ \_\_\_\_\_ Spouse's monthly gross income \$ \_\_\_\_\_

Other income (list source and amount) \_\_\_\_\_

**Membership/Program Request** (Please list the type of membership or program you are applying for. If listing more than one, please state your preference. Please be specific. Use back of sheet if necessary)

How much are you willing to pay per month toward your request? \$ \_\_\_\_\_

How will the Y's Financial Assistance Programs benefit you/your family? Use back of sheet or attach a separate sheet:

The information I have provided on this form is correct, and I agree to provide additional documentation to verify financial need if required.

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