



JOHNSON COUNTY FAMILY YMCA
Financial Assistance application
 (applies only to Membership & Youth Programs)

	Member	Program
% Family pays:		
% YMCA Fin Ass:		
Authorized by:		
Start date:		
Expiration date:		

APPLICANT INFORMATION

Name of applicant: _____
 Address: _____ Zip: _____
 Phone: Home: _____ Work: _____ Cell: _____
 Number of people currently living in the household: _____
 Name of employer: _____

Membership type being requested (Please circle one): FAMILY ADULT STUDENT

COLLEGE STUDENT SENIOR SENIOR COUPLE

INCOME INFORMATION

Employment - monthly/weekly earnings: \$ _____
 Unemployment compensation income: \$ _____
 Social Security income: \$ _____
 Disability income: \$ _____ is this Military service related? _____
 Are you receiving Public Assistance? Yes _____ No _____
 Food stamps: \$ _____
 Medical Aid: \$ _____
 Any other income: _____
 Child support income: \$ _____
 Grant income: \$ _____
 Miscellaneous income: \$ _____
Please total monthly income: \$ _____

UNUSUAL FINANCIAL OBLIGATIONS

Please do not include expenses such as mortgage, rent, insurance costs, auto payments, phone, cable, food, clothing, credit card debt, etc.).

Allowable expenses would include Unusual Medical Debt, Emergency related hardships, etc.

Please submit completed application form with proof of income. We cannot process your application until this has been received.

Are you currently a YMCA member? Yes _____ No _____

This membership is requested for: 3 months _____ 6 months _____ 1 year _____

THE YMCA ENCOURAGES SOME CONTRIBUTION FROM ALL APPLICANTS TOWARDS THE MEMBERSHIP DUES.

WHAT AMOUNT WOULD YOU BE ABLE TO CONTRIBUTE PER MONTH? _____

All information provided will be kept in the strictest confidence and only reviewed by our Member Services Director and Supervisor.