

Spouse Information

Last Name _____ First Name _____

Gender _____ Date of Birth _____

Cell Phone (____) _____ Work Phone (____) _____

Employer _____

Employer's Address _____ City, State, Zip _____

Occupation _____ How long employed there? _____

Dependent Information

Only children who are born to you, legally adopted/guardianed by you, and claimable on your taxes will be considered dependents. Children over the age of 18 are considered a dependent only if you can claim them on your federal income tax form.

First Name	Last Name	Date of Birth	Age	Relationship to Applicant

Other Adults in the Household

Last Name _____ First Name _____

Gender _____ Date of Birth _____

Relationship to Applicant _____

Individual's Employer _____ Employer's Phone _____

Employer's Address _____ City, State, Zip _____

Occupation _____ How long employed there? _____

Monthly Household Income – ALL SOURCES (This section must be completed or your application will be considered INCOMPLETE)

MONTHLY INCOME		MONTHLY EXPENSES	
(Gross) Wages/Salaries/Tips	\$	Rent/Mortgage	\$
Unemployment	\$	Utilities	\$
Social Security Compensation	\$	Food	\$
Child Support	\$	Clothing	\$
Aid to Dependent Children	\$	Car/Insurance	\$
Food Stamps	\$	Alimony/Child Support	\$
Alimony	\$	Cell Phone	\$
Housing Assistance/ Section 8	\$	Medical	\$
Retirement/ Pension	\$	Credit Card Min Payment	\$
Disability	\$	Gasoline	\$
Cash Assistance	\$	Other	\$
Other	\$	Other	\$
TOTAL	\$	TOTAL	\$

Your application WILL NOT BE PROCESSED without the following: A) Most recent year's Federal Income Tax form (1040 first two pages) B) Four recent paycheck stubs. C) Proof of child support and/or social security benefits. D) Food Stamp or cash assistance determination letter.

ü NOT REQUIRED to file Federal Tax Return?

Reason: _____

Is any portion of your membership or program fees reimbursable by your insurance company? YES NO

If yes, under what Health Insurance plan are you currently covered? _____

How much can you afford to pay per month? \$15-\$22 \$22-\$30 \$31-\$38 \$39-\$45 \$65 Max

Is the applicant a current YMCA Member? _____ If yes, which branch? _____

Explain why you would like to be considered for financial aid at the YMCA (include any special circumstances)

For your own safety, the YMCA of Greater Erie recommends a complete physical before participating in YMCA activities. I give my consent that any photographs, videos, etc. of myself or my family may be used in promotional material such as brochures, banners, or newspaper releases. I understand that I will not be given notice or reimbursed for such photographs.

Signature of Applicant of Parent/Guardian

Date