



**YMCA of Greater Erie**  
**Application for Financial Assistance**  
**CONFIDENTIAL**

DATE RECEIVED  
 IN OFFICE: \_\_\_\_\_

**Membership/Program Information**

Please indicate the Membership/Program for which you are applying:

**Are you interested in a membership for (please check):**

- |   |   |
|---|---|
| <input type="checkbox"/> Metro (includes all YMCA of Greater Erie facilities) | <input type="checkbox"/> Eastside                     |
| <input type="checkbox"/> County   | <input type="checkbox"/> Glenwood Park                |
| <input type="checkbox"/> Downtown   | <input type="checkbox"/> Camp Sherwin (May 1-Sept 30) |

**Membership Type**

- |   |  |
|---|--|
| <input type="checkbox"/> Youth (0-18 years) | <input type="checkbox"/> Senior Family |
| <input type="checkbox"/> College            | <input type="checkbox"/> Couple        |
| <input type="checkbox"/> Adult              | <input type="checkbox"/> Family        |
| <input type="checkbox"/> Senior             |  |

**Program(s)**

- |   |  |
|---|--|
| <input type="checkbox"/> Swim Lessons         |  |
| <input type="checkbox"/> Youth Sports         |  |
| <input type="checkbox"/> Soccer               | <input type="checkbox"/> Flag Football |
| <input type="checkbox"/> Kick Ball            |  |
| Other (please specify) _____                  |  |
| <input type="checkbox"/> Other Programs _____ |  |

**Applicant Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Cell Phone : ( \_\_\_\_\_ ) \_\_\_\_\_  
 Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Marital Status:  Single  Married  
 Applicant's Employer \_\_\_\_\_  
 Employer's Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_ How long employed there? \_\_\_\_\_

**Spouse Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Spouse's 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 claim them on your federal income tax form.

First Name	Last Name	Date of Birth	Age	Relationship to Applicant

### Other Adults in the Household

First Name \_\_\_\_\_ Last 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? \_\_\_\_\_

Adult 2 Name – First \_\_\_\_\_ Last \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 First Name \_\_\_\_\_ Last 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	\$
DHS Subsidy	\$	Gasoline	\$
Other	\$		
Total	\$	Total	\$

Your application will not be processed without the following: A.) most recent year's Federal Income Tax form (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.

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  \$12-\$20  \$21-\$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 (included any special circumstances)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Applicant or Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only	
Gross Income	Income
Subsidy %	Gross Exp
Adjustments	Monthly Exps
Membership Fee/Mo.	% Excess
Level	
Revised Income	
Date	
Full Pay ( )	Bank Draft ( ) Partial Pay ( )