



Big Spring Family YMCA
Financial Assistance Application

Note: All information of person nature will be held in confidence

Person for which financial assistance is being requested:

Form fields for personal information: Last Name, First Name, Initial, Phone#, Street Address, Age, City, State, Zip, # in Household

Person Completing this application

Form fields for person completing application: Last Name, First Name, Phone#, Relationship

Membership and/or program for which assistance is being requested

Please complete the following financial information:

1) Does anyone in your household currently receive financial assistance Yes No
If yes, please identify which of the following:

Public Assistance Amount of Monthly Assistance \$
Social Security
Alimony / Child Support

2) Have you sought financial assistance from: (if yes, check which)

Dept. of Human Services CCMS Other (please Specify)
Case#: Case Worker:

3) Total gross household wages/ salaries per month: \$ Employed by:
(please enclose a copy of most recent pay stub and/ or last years federal income tax form, if applicable.)

4) List any extraordinary family expenses (i.e., medical, alimony, education, etc.)

I realize that the YMCA's financial resources are limited and, therefore, I may be asked to seek additional funding from other sources. I am aware that the YMCA's assistance ranges from a minimum of 5% to a maximum of 50%. I also certify that the above information is true and complete to the best of my knowledge.

Applicants Signature

Date

YMCA Executive Director's Signature

Date

Approved for Assistance

Comment: