



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# WE'RE HERE TO HELP

## Financial Assistance Application **YMCA of Greater Cleveland**

**APPLICANT INFORMATION**  New Application  
 Renewal  
**PLEASE PRINT.**

Name \_\_\_\_\_

First Last  
Mailing Address \_\_\_\_\_

City Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

If under 18, parent or guardian's legal name(s): \_\_\_\_\_

**ALL PERSONS LIVING IN HOUSEHOLD**  
Place a check mark for each family member applying for assistance.

	Name	DOB mm/dd/yy	Adult, Child, or Dependent
<input type="checkbox"/>			<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/>			<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/>			<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
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<input type="checkbox"/>			<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/>			<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D

**FINANCIAL INFORMATION**

My household income for the past month was: \$ \_\_\_\_\_  
I can afford \_\_\_\_\_ per month for YMCA dues/fees.

Assistance currently receiving:

Supplemental Security Income (SSI)  
 Food Stamps  Medicaid  Rental Assistance  
 Other: \_\_\_\_\_

**Please attach copies of the following forms, if applicable.**

IRS 1040 Federal Tax Form  
 Two current pay stubs  
 Copy of Social Security or Disability checks  
 Copy of recent bank statement showing amount of automatic monthly deposit(s)

Copy of unemployment check, child support or alimony payment  
 Copy of rental assistance, ADC, food stamps or other forms of assistance.

**Attach all applicable financial documents and turn in to your YMCA's Member Services Desk. Please do not fax or e-mail.**

**THIS APPLICATION IS FOR:** Check all that may apply.

<b>Membership</b>	<b>Programs</b>
<input type="checkbox"/> Youth/Teen	<input type="checkbox"/> Youth Sports
<input type="checkbox"/> Adult	<input type="checkbox"/> Swim Lessons
<input type="checkbox"/> Family	<input type="checkbox"/> Fitness
<input type="checkbox"/> Senior	<input type="checkbox"/> Child Care

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

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

**IMPORTANT INFORMATION**  
Scholarships for Program Fees will awarded at half of what the Membership Scholarship is and not to exceed 30% for any program. Those requiring special consideration should contact the Branch Director.

Initial of last name    Expiration date\*  
A-L                            April 30  
M-Z                            November 30  
\*If assistance is awarded within four months of expiration date, the expiration date will be extended to the next calendar year.

