MEMBERSHIP ASSISTANCE
LAKE COUNTY YMCA ASSISTANCE APPLICATION
(To be completed by parent or guardian if applicant is under 18)

NEW_____
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While the YMCA is a nonprofit agency, we depend on participant fees to help maintain our services. We are committed to serve people regardless of their income level, but expect participants to pay a fee based on their financial ability. YMCA financial assistance will be awarded to qualified applicants contingent upon financial resources of the Association and verification of application information .

APPLICATION STEPS

1. Fill out this application form completely, sign and date and return to the branch closest to your residence.
2. Provide a copy of the first page of your Federal 1040 tax return from the previous year.
3. Provide a copy of payroll stubs for the past month (if applicable)
4. Provide copies of granted assistance (Medical, SSDI, SSI, ADC, Unemployment & food stamps)
5. Application will be reviewed and kept in strict confidence.

PLEASE PRINT CLEARLY

LAST NAME FIRST NAME	**DATE OF BIRTH**	**HOME TELEPHONE #**
ADDRESS	**CITY**	**STATE AND ZIP**
MARITAL STATUS: SINGLE/MARRIED **# OF CHILDREN_____**	**ARE YOU INTERESTED IN VOLUNTEERING? YES/NO**	**RACE**
TYPE OF MEMBERSHIP REQUESTED *(Circle One)* **Adult Youth Family**	**AMOUNT YOU ARE ABLE TO PAY MONTHLY** **$**	

VERIFICATION OF ALL INCOME MUST ACCOMPANY THIS APPLICAITON

INCOME	NO	YES	$ PER MONTH
1. Are you receiving OWF?			$
2. Are you receiving food stamps?			$
3. Are you receiving social security benefits?			$
4. Are you receiving veteran's or retirement benefits?			$
5. Are you receiving child support?			$
6. Are you receiving spousal support?			$
7. Are you employed?			$
8. Is your spouse employed?			$
9. Are any of your children employed?			$
10. Are you or your spouse receiving unemployment benefits?			$

Provide circumstances that support your request for assistance._____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
Use back of form if you need additional space)

List Names & Birthdays of spouse & children to be included in membership

Name	Birth Date

To be included on a family membership you must claim the individual on your income taxes.

***Please read the following*: I certify that the information supplied herein, is true, accurate and complete to the best of my knowledge. I am also aware that I am responsible for notifying the Lake County YMCA, in writing, of any changes to information supplied in this application such as income, address, living arrangements, or other matters which might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can result in immediate revocation of assistance privileges.**

_____ _____
Signature of Parent/Legal Guardian if applicant is a minor **Date**

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