



# McGaw YMCA Membership Financial Assistance Application

Staff use: Date received: \_\_\_\_\_  
 Unit ID #: \_\_\_\_\_  
 Staff initials: \_\_\_\_\_  
 Date processed: \_\_\_\_\_  
 Manager review: \_\_\_\_\_

## 1) Primary member information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Male  Female  \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## 2) All persons living in this household:

Place a check mark  for each family member to be included on the membership. Use reverse if needed.

First and last name	Gender	Relationship	Date of birth	Employer/School	ID verified
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____				
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____				
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____				
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____				
<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____				

## 3) Financial information and documentation:

- First time applying or not currently receiving assistance
- Currently receiving assistance (renewing)

**1**  Most recent tax return\*  
 OR  
 Letter of non-filing\*\*

\*Visit [irs.gov/individuals/get-transcript](https://irs.gov/individuals/get-transcript).

\*\*Call 1-800-908-9946 or visit [irs.gov/individuals/get-transcript](https://irs.gov/individuals/get-transcript).

\*\*\*Assistance awarded pending IRS documentation will be valid for 30 days. Monthly dues subject to change or full rate contingent upon verification.

Staff use: Pending Yes or No

**2** Receiving other assistance

Monthly gross wages \$ \_\_\_\_\_  
 Monthly SSI/SSD \$ \_\_\_\_\_  
 Monthly unemployment \$ \_\_\_\_\_  
 Monthly public assistance \$ \_\_\_\_\_  
 Monthly child support \$ \_\_\_\_\_  
 Retirement income \$ \_\_\_\_\_  
 Other pay \$ \_\_\_\_\_

Proof of guardianship  
 College tuition/awards, etc.  
 Persons living in shelters

**3** Letter of special circumstances

We understand that numbers do not show everything. If there are any special circumstances, please include a written explanation with any supporting documentation so that consideration may be given.

Special/unusual expenses:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

I hereby certify that I have completed all of the information within this application. I certify that all information supplied is true, accurate and complete and that there is no misrepresentation or omission. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that if I falsify any of the above information, I will not be eligible for financial assistance now and/or in the future. Financial assistance requires renewal. Failure to renew timely will result in full-rate membership drafting.

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff use: Verification initials: \_\_\_\_\_ initials: \_\_\_\_\_  
 Income: \_\_\_\_\_ Expiration: \_\_\_\_\_ % off: \_\_\_\_\_

Staff use: Monthly rate: \_\_\_\_\_  
 Annual award amount: \_\_\_\_\_