



**For Staff Use:**

Date Received:
Front Desk Initials:
All Documents Attached: Y or N

## Cass County Family Y Financial Assistance Application

The YMCA strives to make our programs and membership available to all who will benefit from them, regardless of their ability to pay. All financial assistance is made possible through the generous donations of organizations such as the United Way of Cass County and private donors. All information is kept confidential.

**Primary Adult:**  New Application  Renewal Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

**Second Adult (if applicable):**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

**Spouse and Dependents Living at Home (Please complete)**

*Tax Forms must reflect those who are listed below. Dependents (age 22 and under) may include children, foster children, grandchildren and other children for whom the adult is guardian and is tax dependent \*\**

Name	Employer / School	Birth Date	Gender	Relationship

Is yours a one-adult household?  Yes  No



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Please share why you are applying for financial assistance. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What kind of membership are you seeking?**

- Youth (0-12)
- Student (12-22)
- FT College Student
- Adult
- Single Parent Family
- Senior
- Senior Couple
- Family with 2 Adults
- Program Only**

**Please itemize your gross (pre-tax) annual household income. Documentation is required.**

	<b>Your Income</b>	<b>Spouse's Income</b>	<b>Other Income</b>
Salary, Wages and Tips	\$ _____	_____	_____
Unemployment Compensation	\$ _____	_____	_____
Social Security Compensation	\$ _____	_____	_____
Child Support	\$ _____	_____	_____
TANF <small>(Temporary Aid for Needy Families)</small>	\$ _____	_____	_____
Food Stamps	\$ _____	_____	_____
401(k) Retirement	\$ _____	_____	_____
Housing Allowance	\$ _____	_____	_____
Other	\$ _____	_____	_____
<b>Total Annual Income</b>	<b>\$ _____</b>	<b>_____</b>	<b>_____</b>

**Submit your completed Financial Assistance Application with the following:**

1. Most Recent Federal Tax Return (Form 1040 pages 1 and 2 only, or 1040EZ)
2. Copies of your last **four** paycheck stubs **OR** a letter from your employer stating your annual salary
3. Copies of any supporting documentation for the types of income listed above (award letters, etc.)

\* I do not file a federal Tax return based on federal government income guidelines.

**Applications received without the above documentation attached will be returned unprocessed.**

I certify that this information is true and complete to the best of my knowledge. I grant permission to the YMCA to verify this information. I agree to notify the YMCA if my financial status should change.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date