



# YMCA of Greater Michiana Financial Assistance Application

**Location:** ☐ Benton Harbor-St. Joseph YMCA ☐ Niles-Buchanan YMCA ☐ South Bend-Mishawaka YMCA

**Membership Type:** ☐ Individual ☐ Couple ☐ Household

Please note: This application requires the income of everyone in the household, including those not on the membership. We cannot accept \$0 income. Incomplete paperwork or income requirements may delay your assistance process. SNAP or Cash Assistance through the Department of Human Services is an instant approval of 45%. Include pages 1 & 2 with application.

## Adult #1

Full Name \_\_\_\_\_

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Current Status ☐ Employed ☐ Student ☐ Retired ☐ SS/Disability

### Last 12 Months of Employment (Include additional employers on separate sheet)

Employer \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Are you currently a student? ☐ Yes ☐ No *If yes, class schedule & loan/grant income is required with this application.*

Are you currently employed? ☐ Yes ☐ No *If no, why?* \_\_\_\_\_

### Fill in each section that applies to you:

Salary \$ \_\_\_\_\_ Cash Assistance \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_ Pension/Retirement \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

SSI/Disability \$ \_\_\_\_\_ Child Support/Alimony \$ \_\_\_\_\_

*Please attach proof of monthly gross income, last **federal** tax return filed with W2, and if self-employed, Schedule C tax return.*

## Adult #2

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Current Status ☐ Employed ☐ Student ☐ Retired ☐ SS/Disability

### Last 12 Months of Employment (Include additional employers on separate sheet)

Employer \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Are you currently a student? ☐ Yes ☐ No *If yes, class schedule & loan/grant income is required with this application.*

Are you currently employed? ☐ Yes ☐ No *If no, why?* \_\_\_\_\_

**Continued on next page.**

Adult #2 Continued

Fill in each section that applies to you:

Salary\$Cash Assistance\$Food Stamps\$

Unemployment\$Pension/Retirement\$Other\$

SSI/Disability\$Child Support/Alimony\$

Please attach proof of monthly gross income, last federal tax return filed with W2, and if self-employed, Schedule C tax return.

Additional Adult(s) 18+

Residing in same household. Please attach proof of residency & income. Additional adults are required to pay a monthly add-on fee unless they are a full-time student under 24 years old. Proof of class schedule required for students.

NameDOB M/F

Current StatusEmployedStudentRetiredSS/Disability

NameDOB M/F

Current StatusEmployedStudentRetiredSS/Disability

Dependents (0-17 years old)

Residing in same household. Need proof of filed tax returns or school records. (Include additional dependents on separate sheet)

NameDOB Age

School/GradeChild Support \$SS/Disability \$

NameDOB Age

School/GradeChild Support \$SS/Disability \$

NameDOB Age

School/GradeChild Support \$SS/Disability \$

Please use this space to include any other factors that we should take in consideration in evaluating your request

I certify that the information I have provided is true and complete to the best of my knowledge. I agree to notify the YMCA if my financial status should change. I understand that inaccurate and incomplete information may cause termination from the financial assistance program. I understand that if my application is approved, my assistance will be reviews on an annual or semi-annual basis and adjusted based on my circumstances at that time.

SignatureDate

OFFICE  
USE ONLY

Unit #Date ReceivedStaff Initials

ApprovedYesNoMember IDNewRenewal

Date ProcessedFA ReviewerRenewal Date