



FOR YOUTH DEVELOPMENT*
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Confidential Financial Assistance Application

9410 Fairgrove Lane * San Diego, CA 92129 (858) 484-8788

Please allow two weeks for processing your application.

The YMCA is committed to serving people of all ages, races, religions, and economic levels.

By answering the following information, you will help to meet this goal. This information is kept confidential and will not be used for any other purpose.

Today's Date: _____

Your Name: _____

Birth Date: _____ / _____ / _____

Home Phone #: (_____) _____

Cell Phone #: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Work Phone #: (_____) _____ E-mail: _____

Length of Employment: _____ Family Size: Adults: _____ Children: _____

Spouse's Information:

Name: _____

Birth Date: _____ / _____ / _____

Occupation: _____ Employer: _____

Work Phone #: (_____) _____ Email: _____

Length of Employment: _____

Name(s) of dependant children:

1. _____ Age: _____ M / F Birthdate: _____ / _____ / _____

2. _____ Age: _____ M / F Birthdate: _____ / _____ / _____

3. _____ Age: _____ M / F Birthdate: _____ / _____ / _____

4. _____ Age: _____ M / F Birthdate: _____ / _____ / _____

5. _____ Age: _____ M / F Birthdate: _____ / _____ / _____

Application for financial assistance for **CHOOSE ONE ONLY:**

_____ Membership-Family

_____ Membership-1Parent Family

_____ Camp

_____ Membership-Adult

_____ Membership-Youth

_____ Programs

If Financial Aid request is for Camp or programs, please indicate specific programs and the start dates for each:

Program Name: _____ Participant: _____ Start Date: _____ / _____ / _____

Program Name: _____ Participant: _____ Start Date: _____ / _____ / _____

Program Name: _____ Participant: _____ Start Date: _____ / _____ / _____

The Rancho Family YMCA is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through development of the spirit, mind and body.

Have you ever applied for financial assistance before at the YMCA? YES NO

Do you receive any HUD or Section 8 assistance for your rent? YES NO

If yes, please list the dollar amount received per month: _____

Please Itemize your monthly income and expense items

INCOME		EXPENSE	
Wages, salaries, tips	\$	Rent/Mortgage	\$
Unemployment compensation	\$	Utilities	\$
Social Security compensation	\$	Food	\$
Child Support	\$	Clothing	\$
Aid to dependant Children (AFDC)	\$	Phone	\$
Food Stamps	\$	Car/Insurance	\$
401K/Retirement Funds/IRA's	\$	Alimony	\$
Alimony	\$	Child Support	\$
Investment Income	\$	Medical	\$
Other (ex: Cash aid)	\$	Other	\$
Total Monthly Income	\$	Total Monthly Expense	\$

Please submit copies of the following documents along with your completed application:

1. The first 2 pages of the most recently prepared Federal Income Tax return (1040 as well as all schedules and forms for business returns) or State Notice of Action.
2. Most recent W-2s, and/or 1099-Rs
3. Two current paycheck stubs
4. If applicable, current SSI benefits verification letter or payment stub
5. Child Support and/or alimony documentation
6. Federal Housing Assistance HUD or Section 8 documentation
7. Food Stamp documentation
8. Unemployment compensation documentation

IMPORTANT: Your application may only be processed when ALL of the required forms have been received.

Please write a paragraph stating your reason for your request for financial assistance: _____

I am submitting income verification with my application for financial assistance and certify that the above information is true and complete to the best of my knowledge.

Signed: _____ Date: _____ / _____ / _____

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