



FINANCIAL ASSISTANCE APPLICATION FOR RENEWAL

Please complete form and attach required financial information and return to the Front Desk with "Attention Stephanie" labeled on the envelope or you may scan and email to steph.leach@glymca.org. You will be notified via a phone call if you will remain on your current discount level or if there is a change for the renewing year.

Primary Applicant: _____ Date of Birth: _____

Second Adult (if applicable): _____ Date of Birth: _____

Home Phone: _____ Cell: _____ Email: _____

Address: _____

City/State/Zip: _____

Emergency Contact: _____

Place of Employment (primary applicant): _____

Place of Second Adult's Employment: _____

PROOF OF INCOME: (Application will NOT be processed without proof of income. All household members providing income in the house must be included. Please include as many forms that apply.)

- Last year's Federal IRS 1040 Form
- Two most recent Pay Stubs
- Other Documentation (i.e. Unemployment, Social Security statement, Disability letter, Government Assistance Statement, proof of child support etc.)

MONTHLY HOUSEHOLD INCOME:

Wages, Salaries & Tips	\$ _____	Food Share	\$ _____
Unemployment Compensation	\$ _____	Social Security Benefits	\$ _____
401 K/Retirement Funds	\$ _____	Other Income	\$ _____
Child Support	\$ _____	Total Monthly Income	\$ _____

***Beginning Jan. 1st 2019, additional adults may be added to an Adult 2 membership for an additional \$10 per month, per person (before your discount is applied)**

Additional children or adults in household	Relationship	Date of Birth

Please complete next page



Type of Membership you would like (circle):

Young Adult(19-25)

Adult(26-59)

Adult 2

Adult 1 w/kids

Adult 2 w/children

Senior

Senior 2

PLEASE READ CAREFULLY AND SIGN

In completing this application and signing it, I certify that all the information supplied to the YMCA is true, accurate and complete to the best of my knowledge.

I am also aware that it is my responsibility to notify the YMCA, in writing, of any change in information supplied in this application, such as income, address, phone number, email, or other matters, which might affect my eligibility for financial assistance.

Signature of Applicant

Date

WHAT IS YOUR Y STORY?

Please take a minute to tell us how the Y has impacted you and/or your family:

(You may handwrite your story below or enter it directly online at <http://www.genevalakesymca.org/stories>)

May we share your story in an upcoming publication? Y or N

For more information, please see our website at www.genevalakesymca.org/financialassistance or contact Stephanie Leach at steph.leach@glymca.org or 262.248.6211 x13