



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The Hornell Area Family YMCA believes in providing membership and program services to all who desire to participate. The Financial Assistance program, supported in part through donations to the Annual Community Support Campaign, provides membership and program services to those in need within our available resources.

APPLICANT INFORMATION

Applicant Name: _____ Date of Birth: _____

Mailing Address: _____

Phone: _____ Email: _____

CURRENT STATUS

- I am not currently receiving any YMCA Financial Assistance
- I am currently receiving YMCA Financial Assistance and this application is for:
 - Renewal or Request for another program

Requesting Financial Assistance for:

- Youth Membership Young Adult Adult Membership Senior Membership
- Family 1 Membership Family 2 Membership Other Program: _____

LIST ALL HOUSEHOLD MEMBERS Including Applicant

Name	Date of Birth	Applying for Assistance
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>
5.		<input type="checkbox"/>
6.		<input type="checkbox"/>



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INCOME CHECKLIST

MUST PROVIDE ALL REQUIRED DOCUMENTATION TO PROCESS APPLICATION

- Last 30 days paystubs for all members in household
- Supplemental Security Income (SSI)
- DSS Budget Sheet
- Notice of Decision for Food Stamps or Public Assistance
- Social Security Award Letter
- Unemployment Statement
- Disability Statement
- Child Support Statement
- Other: _____

Describe any special circumstances:

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not reported above. I agree, if necessary, to send additional information and documentation to support the above statement. I understand that financial assistance is based on need. In the event that I cancel or my children cancel our participation, I will contact the YMCA immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of Applicant

_____/_____/_____
Date

Attach copies of all applicable financial documents and turn in to the Hornell Area Family YMCA Member Services Desk.
All documents will be shredded upon approval. Do not submit original of income documentation. Copies **ONLY**.

FOR OFFICE USE ONLY

Date Received: ____/____/____ Received by: _____

30 Days income: \$_____ X 12 = \$_____

Approved Yes No

Award: _____% FIF Renewal

Date Completed: ____/____/____ Completed by: _____