

# CONFIDENTIAL APPLICATION

Membership % \_\_\_\_\_  
Program % \_\_\_\_\_

## APPLICANT INFORMATION

Your Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

RACE:  American Indian or Alaska Native  Asian  Black or African American  Hispanic or Latino  Middle Eastern or North African  
 Native Hawaiian or Pacific Islander  White  Not Listed  Rather not say

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

Household size: Adults \_\_\_\_\_ Children \_\_\_\_\_ E-mail \_\_\_\_\_

### Name of all person(s) in household:

1. \_\_\_\_\_ DOB: \_\_\_\_\_ 4. \_\_\_\_\_ DOB: \_\_\_\_\_

RACE:  American Indian or Alaska Native  Asian  
 Black or African American  Hispanic or Latino  
 Middle Eastern or North African  Native Hawaiian or Pacific Islander  
 White  Not Listed  Rather not say

RACE:  American Indian or Alaska Native  Asian  
 Black or African American  Hispanic or Latino  
 Middle Eastern or North African  Native Hawaiian or Pacific Islander  
 White  Not Listed  Rather not say

2. \_\_\_\_\_ DOB: \_\_\_\_\_ 5. \_\_\_\_\_ DOB: \_\_\_\_\_

RACE:  American Indian or Alaska Native  Asian  
 Black or African American  Hispanic or Latino  
 Middle Eastern or North African  Native Hawaiian or Pacific Islander  
 White  Not Listed  Rather not say

RACE:  American Indian or Alaska Native  Asian  
 Black or African American  Hispanic or Latino  
 Middle Eastern or North African  Native Hawaiian or Pacific Islander  
 White  Not Listed  Rather not say

3. \_\_\_\_\_ DOB: \_\_\_\_\_ 6. \_\_\_\_\_ DOB: \_\_\_\_\_

RACE:  American Indian or Alaska Native  Asian  
 Black or African American  Hispanic or Latino  
 Middle Eastern or North African  Native Hawaiian or Pacific Islander  
 White  Not Listed  Rather not say

RACE:  American Indian or Alaska Native  Asian  
 Black or African American  Hispanic or Latino  
 Middle Eastern or North African  Native Hawaiian or Pacific Islander  
 White  Not Listed  Rather not say

Are you or anyone listed above currently a YMCA member?  Yes  No If yes, which location? \_\_\_\_\_

Type of membership:  Youth  Young Adult (19-25 years)  Adult  Senior Adult (62 years & older)  
 Single Parent  Household  Couple  Senior Couple

Program(s) for which you are requesting financial assistance? \_\_\_\_\_

## HOUSEHOLD INCOME

Annual or Monthly income from all adult household wages and salaries before taxes and other deductions.

Adult 1 - \$ \_\_\_\_\_  Monthly  Yearly Adult 2 - \$ \_\_\_\_\_  Monthly  Yearly

Government Assistance (if applicable): \$ \_\_\_\_\_  Monthly  Yearly

## CERTIFICATION OF NEED

Our financial assistance program is made possible by countless volunteers who reach out to the community and raise money for our Strong Communities Campaign. Please explain why you would like to be considered for financial assistance at the YMCA and what it would mean to your family. (Use an additional page, if needed.)

---

---

---

### I certify that the above information is true and complete to the best of my knowledge.

In addition, I understand that my/our membership privileges and all YMCA policies are the same for both financial assistance and standard memberships. Financial Assistance memberships are subject to random verification. If selected, you will be required to submit proof of income to ensure you qualify (1040 tax form, proof of one household month's income or government assistance, etc.)

Signature: \_\_\_\_\_ Date \_\_\_\_\_