Last:_____ First Initial: _____ Member #: _____

Financial Assistance Form 2026

F.A. Award: _____
Date Approved: _____

The YMCA is for everyone, no matter where they live or their ability to pay. Financial assistance is provided to YMCA members on a needs-based system. These contributed funds are raised annually by volunteers and staff from generous individuals through annual fund campaigns. Financial assistance applications are renewed once a year on the anniversary of the original application. The YMCA will notify you to reapply and you are responsible within 30 days to reapply in order to continue receiving assistance.

Please confirm that you have the following documentation before you turn in your financial assistance form. Incomplete applications will delay our ability to serve you:

1. Competed financial assistance form
2. A copy of the most recent year-to-date pay stub from each adult member of the household who is working. If self-employed, please include your monthly bookkeeping documents (P&L and Balance Sheet) **OR**
3. A copy of your most recent tax return (1040 form)
4. Please include a letter of explanation with your application stating your needs.

Primary Adult

First Name | Middle initial | Last Name | Date of Birth | Gender

Mailing Address | City | State | Zip

Home Phone | Cell Phone | E-mail Address

Number of household adults: _____

Number of household dependent children: _____ (under 23 years of age)

Income

Monthly gross household income: $_____

Other monthly income $_____
(include public assistance, child support, SS Disability Benefit, SS Benefits etc.):

Total Monthly Household Income: **$_____**

Expenses

Mortgage/Rent: $_____

Utilities: $_____

Food/Groceries $_____

Medical Expenses: $_____

Student Loans: $_____

Child Support/alimony: $_____

Other: $_____

Total Monthly Expenses: **$_____**

Please tell us what type of membership or program you are requesting financial assistance for: _____

How much do you feel you can contribute to your monthly membership dues or program fee? _____

I/we declare that the information reported on this form, to the best of my/our knowledge, is true, correct and complete. I understand that the YMCA reserves the right to verify gross household annual income and that I must notify the YMCA regarding changes in my financial and/or membership status. I/we attest that my/our request for financial assistance is needs-based and that my financial need may be reevaluated at any time by the YMCA. I authorize employers and/or other income sources to release financial information to the YMCA. All information will remain confidential.

Signature: _____ **Date:** _____

Received by YMCA staff: _____ **(print name)** **Date:** _____