

FOR OFFICE USE ONLY

Award \_\_\_\_\_ %



Membership ID: \_\_\_\_\_

Date received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

If approved, assistance valid through:

\_\_\_\_/\_\_\_\_/\_\_\_\_

## Financial Assistance Application YMCA OF SAN FRANCISCO

### PRIMARY ADULT

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently a YMCA Member?  Yes  No

Number of adults 18+ in your home: \_\_\_\_\_ Number of children under 18 in your home: \_\_\_\_\_

How should we contact you regarding the status of your application (choose one):

Email: \_\_\_\_\_  Phone: \_\_\_\_\_

### TYPE OF FINANCIAL ASSISTANCE

#### PROGRAM

Program Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_

Program Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_

Program Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_

## HOUSEHOLD INCOME

Each adult in the household needs to provide their most current Federal Tax Return and any other supporting documentation to verify income:

Do you have your documents with you today?  Yes  No

\$\_\_\_\_\_ Monthly Income-1st adult (SSI, unemployment, retirement)

\$\_\_\_\_\_ Monthly Income-2nd Adult (SSI, unemployment, retirement)

\$\_\_\_\_\_ Monthly Income-additional adult (SSI, unemployment, retirement)

\$\_\_\_\_\_ Child support/Alimony

\$\_\_\_\_\_ Assistance (food stamps, disability, school financial aid)

\$\_\_\_\_\_ Other income or assistance (Please describe: \_\_\_\_\_)

\$\_\_\_\_\_ Total Monthly Income

\$\_\_\_\_\_ Total Annual Income

\$\_\_\_\_\_ Federal Tax Return - Adjusted Gross Income Amount

Are there any other factors that we should take in consideration in evaluating your need for assistance?

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## ACKNOWLEDGEMENT

I acknowledge by my signature below that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need if requested. If awarded assistance, my scholarship is valid for one year and the award amount may vary from program to program. I am aware that on-time payments are required for participation. I acknowledge it is my responsibility to renew my application once it expires.

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

## FOR MEMBERSHIP OFFICE USE ONLY

Pre-Approval Reviewed by (Print Name): \_\_\_\_\_

Approved  Denied (reason): \_\_\_\_\_

Pre-approval amount: \_\_\_\_\_% off monthly dues

Date applicant was notified: \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant response:  Accepted  Declined

Final Approval Reviewed by (Print Name): \_\_\_\_\_

Approved  Denied (reason): \_\_\_\_\_

Final approval amount: \_\_\_\_\_% off monthly dues

Date applicant was notified: \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant response:  Accepted  Declined