

# Harrisburg Area YMCA • Request for Financial Assistance

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_  
 Email \_\_\_\_\_ DOB \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 (street) (city/state) (zip)

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
 2nd Adult in Household \_\_\_\_\_  
 DOB \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

For which of the following are you seeking assistance?

- Membership: Branch \_\_\_\_\_  Individual  Family  
 Program: Branch \_\_\_\_\_ Program Name \_\_\_\_\_  
 Other:  
 Child Care at \_\_\_\_\_  
 (branch)  
 School-age child care at \_\_\_\_\_  
 (site)

Current facility member?  No  Yes Member Number \_\_\_\_\_

Current child care participant?  No  Yes

**To process your application, ALL of the following information is REQUIRED.** If you did not file taxes, or you do not have one of the other required documents, you must submit a letter explaining your personal situation.

A copy the first page of your most recent tax return OR a copy of each adult's most recent W-2s (If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service.)

Proof of income for EACH ADULT in the household. This includes copies of the last TWO pay stubs, social security checks or disability checks. You may also submit copies of bank statements showing automatic monthly deposits of government checks.

Documentation of any federal assistance you receive such as food stamps, rent subsidy or Aid to Dependent Children cash assistance.

Student loan documentation, if applicable.

## Dependents Living in Household

	Name	Age	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

## Gross Annual Household Income

	Head of Household	2nd Adult in Household
Employment	_____	_____
Child Support	_____	_____
Government Assistance	_____	_____
Food Stamps	_____	_____
Student Loan	_____	_____
Other	_____	_____
<b>Total</b>	_____	_____

Describe your circumstances/reason for applying for financial assistance and any unusual expenses you must meet: (Attach additional pages if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.*

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