

**Armstrong County YMCA  
FINANCIAL ASSISTANCE APPLICATION**

Confidential

**Please Print**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_

**\*Please list dependents if applying for a family membership**

Spouse \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_\_  
Child \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_\_  
Child \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_\_  
Child \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_\_  
Child \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_\_  
Child \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_\_

**\*Dependents must live in the same household.**

**Are you applying for (please check one or both)**

\_\_\_\_\_ Membership Financial Assistance \_\_\_\_\_ Program Financial Assistance  
If membership, check which type  
Youth \_\_\_\_\_ Adult \_\_\_\_\_ Family \_\_\_\_\_ Senior \_\_\_\_\_  
If program, please name program \_\_\_\_\_

**Financial Information**

Monthly Household Income	Monthly Household Expenses
\$ _____ Monthly Gross Paycheck	\$ _____ Mortgage or Rent
\$ _____ Spouse's Gross Paycheck	\$ _____ Phone
\$ _____ Child Support	\$ _____ Water
\$ _____ Supplemental	\$ _____ Electric
(Housing, food stamps, social security, etc.)	\$ _____ Groceries
\$ _____ Other Income	\$ _____ Other Expenses
Description _____	Description _____
\$ _____ <b>Total Monthly Income</b>	\$ _____ <b>Total Monthly Expenses</b>

***Valid proof of income must accompany application ( check stub, etc )***

By my signature I am requesting assistance from the YMCA due to my personal circumstances. I certify that all information provided is correct and given my permission to the Y to contact my employer for salary information.

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

**For Office Use Only**

**Date Approved** \_\_\_\_\_  
**Type of Membership** \_\_\_\_\_ **Monthly Amount** \_\_\_\_\_