



Staff Use Only	
Account Number:	_____
Date:	_____
Staff Initials:	_____

YMCA OF METROPOLITAN LOS ANGELES Financial Assistance Application

The YMCA of Metropolitan Los Angeles provides financial assistance to the extent possible to those in need. Assistance will be granted on a first come, first serve basis at the Membership Director's discretion. Assistance will be granted for a maximum of six months for membership after which it is the member's responsibility to resubmit another application if further assistance is required or the membership will automatically be adjusted to retail rates. Unfortunately, we cannot process incomplete applications. Applications will be destroyed after 30 days.

PRIMARY MEMBER (Parent or guardian for applicants under 18 years)

Legal First Name	MI	Legal Last Name		
How would you like to receive your award notification? <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Email				
Address	Apt	City	State	Zip
Phone Number	Primary Email			

ADDITIONAL ADULTS

Name:	Verified? Y / N
Name:	Verified? Y / N
Name:	Verified? Y / N
Name:	Verified? Y / N

ASSITANCE REQUEST

Membership	<input type="checkbox"/> New Facility Membership <input type="checkbox"/> Facility Membership Renewal
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INCOME VERIFICATION

	Applicant	Additional Adults
Household Monthly Income	Monthly Income (include all sources including government assistance, retirement, and child support) \$ _____	Monthly Income (include all sources including government assistance, retirement, and child support) \$ _____
	Number of Adults supported by above income: ____ Number of Children supported by above income: ____	
Attach the Following Documents	<p>If there are multiple adults in the household, documents must be provided for all adults to verify the income listed above. Also, proof of residency must be established for all adults in the household.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Membership Application (if you do not have a current YMCA membership) <input type="checkbox"/> Two of the following income verifications: (The Membership Director may ask for additional documents if those provided are deemed insufficient to appropriately verify income for the household) <ul style="list-style-type: none"> <input type="checkbox"/> Federal Income Tax Filing for previous year (W2 forms also qualify) <input type="checkbox"/> Two months of paycheck stubs <input type="checkbox"/> Current Statement of award or benefits for TANF, SSA, SSI, GAU or other public assistance <input type="checkbox"/> Most recent unemployment check stubs <input type="checkbox"/> Two months of bank statements <input type="checkbox"/> An official letter from a case manager or similar such authorities if you are unemployed, not receiving benefits, are participating in a structured job training or rehabilitation program, or are homeless or living in a homeless shelter. 	

I certify that the above information is true and complete to the best of my knowledge. I understand that the YMCA's policy for payment applies to this agreement. If granted assistance, I understand I will need to reapply for assistance 30 business days before assistance expires to continue my membership or program at a reduced rate.

Signed: _____ Date: _____ Assistance Expires: _____

OFFICE ONLY

Membership Assistance:

Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Amount:		Adjustment Code:	
Membership:				Monthly Dues:	
Contacted:	<input type="checkbox"/> Letter <input type="checkbox"/> Phone Call <input type="checkbox"/> Email		Staff Name:		Date/Time: