



# YMCA OF GREATER BOSTON

## Membership & Program Financial Assistance Application

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_ Membership Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Employer's Name & Address \_\_\_\_\_

Number of Dependent Children \_\_\_\_\_

Name _____	Date of Birth ___/___/___	Name _____	Date of Birth ___/___/___
Name _____	Date of Birth ___/___/___	Name _____	Date of Birth ___/___/___
Name _____	Date of Birth ___/___/___	Name _____	Date of Birth ___/___/___

Financial Assistance Requested For \_\_\_\_\_ Membership \_\_\_\_\_ Program \_\_\_\_\_ Child Care \_\_\_\_\_ Camp \_\_\_\_\_ Other \_\_\_\_\_

Do you have a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No Nature of Disability (optional) \_\_\_\_\_

Your Gross Annual Salary \$ \_\_\_\_\_ Spouse's Gross Annual Salary \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

Other Income (source & amount) \_\_\_\_\_

Housing \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Monthly Mortgage/Rent \$ \_\_\_\_\_

Do you receive a housing subsidy? \_\_\_\_\_ Yes \_\_\_\_\_ No Amount per month \$ \_\_\_\_\_

List any special circumstances that affect your reason for need. \_\_\_\_\_

**To qualify for financial assistance, submit the following documents within 2 weeks of application:**

- Most recent year's tax return
- Four current paycheck stubs or other proof of your current combined total salaries
- Proof of other income i.e. child support, social security benefits, etc.

The information listed on this form is correct to the best of my knowledge. I understand that if I do not provide the required documentation within 2 weeks my membership rate will revert to the full fee. I understand that I must re-apply for financial assistance every 12 months from the date of this application. If I do not re-apply for financial assistance my fees will revert to the full-published rate.

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

FOR OFFICE USE ONLY			
<b>Membership/Program</b> Subsidy _____ % AS400 Code _____ Begin Date _____ Review Date _____	<b>Child Care/Camp</b> Subsidy _____ % AS400 Code _____ Begin Date _____ Review Date _____		
<input type="checkbox"/> Called <input type="checkbox"/> Mailed <input type="checkbox"/> E-mailed confirmation _____ Date entered in AS400 _____			
Approved By: _____ Date _____			