

Somerset-Lake Cumberland YMCA – Financial Assistance Program

It's Time To Renew Your Membership.
Your Financial Assistance information must be returned by _____,
In order to keep your membership at the reduced rate!

**Most Current Tax Return (2008) Or
If You Draw Social Security, Proof Of Income Must Be
Included In This Form.**

(You will not receive financial aid without all forms listed above).

New _____ Resubmission _____ (Check One)

I. Family Information

Name: _____

Address: _____

City, State, Zip: _____

Day time phone: _____ Cell Phone: _____

Marital Status: Single ____ Married ____ Divorced ____ Separated ____

II. YMCA Information

Please check which type of membership you are applying for:

Youth ____ Adult ____ Family ____ Sr. Adult ____ Sr. Family ____

List all household members: Can only include spouse and your children.

Name- B-Day

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Income Worksheet

Your monthly Income	\$ _____
Spouse's Monthly Income	\$ _____
Child Support	\$ _____
SSI	\$ _____
Food Stamps	\$ _____
List Any Other Income	\$ _____

Amount that you feel you can afford to pay monthly: \$ _____
(Must Be Filled Out)

I affirm that the above statements are true and correct. I agree to inform the YMCA of any change in my financial situation.

_____ Date _____ Signature