



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# GIVING BACK AND SUPPORTING OUR NEIGHBORS

## YMCA of Greater Long Beach—Financial Assistance Application

The Y is committed to serving people of all ages, races, religions, and economic levels. By answering the following information, you will help us meet this goal. This information is kept confidential and will not be used for any other purpose.

**Branch:**  Fairfield Family YMCA  Los Altos Family YMCA  Lakewood Family YMCA  Los Cerritos YMCA

Current Date: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Primary Account Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Household Size: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Secondary Account Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Dependent Children: Age 17 and under, living in the same household

1. \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### This financial assistance application is for:

Membership: Yes or No Membership Type: \_\_\_\_\_

Program: Yes or No What Program(s): \_\_\_\_\_

Have you ever received YMCA financial assistance? Yes or No

If yes, which Y? \_\_\_\_\_ When: \_\_\_\_\_

**Please itemize the monthly income and expense for your entire household below**

INCOME		EXPENSE	
Wages, salaries, and tips	\$ _____	Rent/Mortgage	\$ _____
Unemployment compensation	\$ _____	Utilities	\$ _____
Social Security compensation	\$ _____	Food	\$ _____
Child Support	\$ _____	Clothing	\$ _____
Aid to Dependent Children (AFDC)	\$ _____	Phone	\$ _____
Food Stamps	\$ _____	Car/Insurance	\$ _____
401K/Retirement Funds/IRA's	\$ _____	Alimony	\$ _____
Spousal Support	\$ _____	Child Support	\$ _____
Investment Income	\$ _____	Medical	\$ _____
Other	\$ _____	Other	\$ _____
<b>TOTAL MONTHLY INCOME</b>	\$ _____	<b>TOTAL MONTHLY EXPENSE</b>	\$ _____

**Based on your circumstances, how much do you recommend paying monthly for:**

Membership: \_\_\_\_\_ Childcare: \_\_\_\_\_ Program: \_\_\_\_\_ Other: \_\_\_\_\_

**\*No one is guaranteed to be granted their recommended rates.**

**Have you attempted to qualify with a 3<sup>rd</sup> party agency** (including but not limited to: Childcare – CHS, Crystal Stairs, DCFS, etc. Membership – Silver Sneakers, Sliver & Fit, Renew Active, etc.) **to help cover your fees?**  **Yes**  **No**

**Attach proof of your income along with your Financial Assistance Application**

Appropriate forms of income documentation include: Federal Income Tax Return, W-2s, last two paycheck/stub or proof of unemployment benefits. **OR** ask the front desk for more information on pre-qualified zip codes and schools which you may only show proof of residence and/or school ID.

**IMPORTANT: Your application may only be processed when ALL of the required forms have been received.**

**Financial Assistance will not exceed 12 months. Application must be renewed prior to expiration to avoid increased fees or interruption of service.**

Please write a paragraph stating your reason for your financial assistance request: \_\_\_\_\_

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I am submitting income verification with my application for financial assistance and certify that the above information is true and complete to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Use Only**

**FINANCIAL ASSISTANCE APPROVAL**

Membership _____% _____ FD Manager	Camp _____% _____ FD Manager	Child Care _____% _____ FD Manager
Youth Sports _____% _____ FD Manager	Gymnastics _____% _____ FD Manager	Swimming _____% _____ FD Manager
Other _____% _____ FD Manager	Other _____% _____ FD Manager	Other _____% _____ FD Manager