



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE

Lakeland Hills Family YMCA
100 Fanny Road
Mountain Lakes, NJ 07046

1 PRIMARY APPLICANT

If applicant is under 18, the parent or legal guardian is the applicant

Name	
Street Address	
City, State, Zip	
Email	
Phone	Date of Birth
Employer	

2 HOUSEHOLD

List everyone living in home, under the age of 24

2nd Adult Name	DOB
Employer	
Dependent Child Name	DOB
Dependent Child Name	DOB
Dependent Child Name	DOB
Dependent Child Name	DOB

3 I AM APPLYING FOR

YMCA Membership Type	Program/Class Name	Childcare/Camp
<input type="radio"/> Family <input type="radio"/> Adult (26-67) <input type="radio"/> Young Adult (19-25) <input type="radio"/> Older Adult (68+) <input type="radio"/> Older Adult Couple (both 68+) <input type="radio"/> Teen (12-18) <input type="radio"/> Youth (Under 11)		

4 WRITTEN LETTER

Attach a letter explaining how financial assistance will help; include any special circumstances, financial or otherwise.

5 INSTRUCTIONS

Attach copies of the most recent IRS 1040 (all pages), W2(s) and/or TANF/SNAP forms for all working adults in the household including all individuals & dependents to be included in this financial assistance application.

LAST 30 DAYS OF INCOME

Attach copies of pay stubs and/or government assistance documentation for the last 30 days for all adults in the household.

\$ _____ x 12 = \$ _____
 Total Monthly Income Total Annual Income

Proof of Other Financial Assistance

Examples: Unemployment, Social Security, Child Support, Pension, Disability/Veteran benefits, Public Assistance, Aid to Dependent Children, Food Stamps, Child & Family Resources or any other subsidy.

6 AGREEMENT

I hereby certify that the information supplied herein is true, accurate, and complete to the best of my knowledge. I am also aware that it is my responsibility to immediately notify the YMCA in writing of any changes to information supplied in this application that may affect my eligibility for financial assistance such as income, address, living arrangements, marital status, etc. I understand that financial assistance is based on a sliding scale and that changes to my income may affect the amount of financial assistance that I qualify for. I understand that failure to comply with YMCA policies can result in immediate revocation of membership, financial assistance and/or program privileges.

Signature

Date

STAFF USE

Financial Assistance Approved	
% \$	
Due After Assistance	
Unit ID	Expires
Staff ID	Date