

HOUSEHOLD MONTHLY INCOME

Include all sources of income in totals:

1. Your total monthly gross income \$
2. Secondary adult total monthly gross income \$
3. Other adults in household total monthly gross income \$
- Total Household Monthly Gross Income:** \$
- Total Annual Gross Income (monthly x12)** \$

INCOME VERIFICATION

Please bring one of the following document(s) at the time of your application or within 14 days of approval. If verification is not completed your assistance will be terminated. Note: The Y will not retain these documents so you do not need to provide us copies.

- TANIF Disability benefit statement
- Last 2 months paystubs Social Security check copy
- IRS Form 1040 or 1040EZ Pension/Retirement statements
- Self-employed IRS Schedule C
- Unemployment benefit statement

Are there any other factors that we should take into consideration in evaluating your need for assistance?

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Sources of income (check all that apply):

- Paid employment Unemployment benefits
- Child Support Alimony Disability
- Social Security (SSI) Pension/Retirement

Sources of county/government support:

- Does your child qualify for free or reduced lunch? Yes No
- Do you receive any type of public benefit? (Cal Fresh, Housing, 3rd Party Payer, etc.) Yes No
- Do you currently have any foster children? Yes No

The full rate of your membership category is \$

How much can you afford to pay? \$

ACKNOWLEDGEMENT

I acknowledge by my signature below, that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need, if requested. I am aware that on-time program payments are required to maintain enrollment in Y program or membership. I understand I am subject to the rules and regulations of the YMCA. I acknowledge that I will be notified when it is time to reapply for financial assistance. I acknowledge that each application is reviewed and approved independently. If there are changes to my income, I will notify the YMCA.

X

Signature Date

Your signature indicates that you understand the policies and procedures of the YMCA Membership for all programs.

FOR STAFF USE ONLY

Branch: CC CN EC EPA EV MM NW PA SEQ SW SV (Circle one)

Membership Category: **Date income verified**

Program Category:

% Approved: **\$ Approved:** **\$ Member Pays:**

Staff Name: **Signature:**

Supervisor Name or Second Approver: **Signature:**