

# Y FOR ALL PROGRAM APPLICATION



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**This document must be completed in full for consideration. All of the following information must be included before processing will occur:**

- All household income sources and assistance must be documented and included with this application, special circumstances must include a written, signed letter
- Bring your last two paycheck stubs from all employers of household members
- Bring your most recent W2 and the most recent income tax return (1040) for the household
- Signed letters from employers if any of the above is not available
- Proof of all public assistance for household members

## FOR OFFICE USE ONLY

Gross Yearly Income \_\_\_\_\_  
 Total Household Members \_\_\_\_\_  
 F.A. Approval % \_\_\_\_\_  
 Date Approved \_\_\_\_\_  
 Approved By \_\_\_\_\_  
 Applicant Contact Date \_\_\_\_\_  
 Branch \_\_\_\_\_

## Personal Information (Please Print)

Name of Person Receiving Assistance	Birthdate	Gender	
Spouse's Name (if applicable)	Birthdate	Gender	
Address	City	State	Zip
Day Phone	Evening Phone	Mobile Phone	
Email Address			
Number of Adults in Household _____		Number of Children in Household _____	

## Dependents Living at Home

Name	Birthdate	Gender

## Employment/Income (All Household Employers Must be Listed)

Employer Name 1	Phone Number
Employer Name 2	Phone Number
Employer Name 3	Phone Number

Is anyone in your household receiving any educational financial assistance? **Yes** **No**  
 Documentation of this financial assistance must be included with application.

### Household Monthly Income

Wages \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Food Stamps \_\_\_\_\_  
 Unemployment \_\_\_\_\_  
 Child Support/Alimony \_\_\_\_\_  
 Pension/Retirement \_\_\_\_\_  
 All Other \_\_\_\_\_  
**Total** \_\_\_\_\_

### Household Monthly Expenses

Rent/Mortgage \_\_\_\_\_  
 Groceries \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Car Payments \_\_\_\_\_  
 Medical \_\_\_\_\_  
 Other \_\_\_\_\_  
**Total** \_\_\_\_\_

Please check ALL areas that you will need assistance in:

- Membership
- Youth Sports
- Afterschool Childcare
- Summer Camp
- Aquatics
- Other – Please List \_\_\_\_\_

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation in full, and for all members of my household. I understand that this application expires annually, and I must reapply as requested by the branch to continue receiving assistance.

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

Are you willing to volunteer/share your story? **Yes** **No** Please return this application to your local YMCA branch.