

# MONTACHUSETT REGIONAL YMCA FINANCIAL ASSISTANCE/DISABLED MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Parent's Name if under 18: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please list all household members:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please list all household income below and attach pay stubs or other proof of earnings to this application. If filing for disabled memberships attach proof of disability.**

	Your Income	Other Household Income
Wages:	_____	_____
Child Support:	_____	_____
Welfare Payments:	_____	_____
Food Stamps:	_____	_____
Social Security:	_____	_____

Total Monthly Income: \_\_\_\_\_

Reason for Financial Assistance: \_\_\_\_\_

Program you are requesting assistance for: \_\_\_\_\_

What you feel you can afford to pay: \$ \_\_\_\_\_

I certify that all information stated above is correct and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**

Approved for period of \_\_\_\_\_ to \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Approved by \_\_\_\_\_ Date: \_\_\_\_\_