



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Let Us Help!

Thank you for your interest in a YMCA membership. We offer financial assistance to individuals and families who are not able to pay full fees for a Y membership.

To apply for financial assistance, please bring the following information to the YMCA Member Services desk:

- 1) Completed financial assistance application.
- 2) A copy of your most recent Federal Income Tax return. If you do not file Federal Income taxes, please call 1-800-TAX-FORM (1-800-829-3676) for verification letter.
- 3) Two most recent paycheck stubs or letter from your employer verifying your employment and stating your annual salary. If you are unemployed, draw social security or a full-time student, please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.

Please bring completed forms and necessary documentation to the YMCA. You can return paperwork to our Member Services desk. You will receive an email or letter in the mail regarding your qualification and next steps. Please be sure to include all of the items needed, as missing documentation can slow the application evaluation process.

We look forward to serving you.

YMCA Staff

**Henderson Family YMCA
380 Ruin Creek Rd • Henderson NC 27536
252-438-2144
www.hendersonymca.org**

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Date Received	
Staff Initials	
All Documents Attached	Y or N
Eligible	Y or N
Date notified	

Henderson Family YMCA Financial Assistance Application

The YMCA strives to make our programs and membership available to all who will benefit from them, regardless of their ability to pay. All financial assistance is granted on a sliding scale based on income and need. All information is kept confidential.

Primary Applicant: _____ New Application Renewal Date _____

Name _____ Birth Date _____ Gender _____

Address _____ City/State/Zip _____

Phone # _____ Mobile # _____

Email _____ Employer _____

Occupation _____ Length of Employment _____

Second Applicant: _____ New Application Renewal

Name _____ Birth Date _____ Gender _____

Address _____ City/State/Zip _____

Phone # _____ Mobile # _____

Email Address _____ Employer _____

Occupation _____ Length of Employment _____

Spouse and Dependents Living at Home (Please complete.)

Tax Forms must reflect those that are listed below.

Name	Employer / School	Birth Date	Gender	Relationship

Is yours a one-adult household? Yes No Not Applicable



Please share why you are applying for financial assistance. _____

We offer assistance for membership and/or camp. Please check the appropriate box to indicate your need:

- Individual membership
- Family membership
- After School Camp
- Summer Day Camp

Please itemize your gross annual household income. Documentation is required.

	Your Income	Spouse's Income	Other Income
Salary, wages and tips	\$ _____	_____	_____
Unemployment compensation	\$ _____	_____	_____
Social Security compensation	\$ _____	_____	_____
Child support	\$ _____	_____	_____
Aid for Dependent Children	\$ _____	_____	_____
Food stamps	\$ _____	_____	_____
401(k) Retirement	\$ _____	_____	_____
Alimony	\$ _____	_____	_____
School loan income	\$ _____	_____	_____
Housing allowance	\$ _____	_____	_____
Other	\$ _____	_____	_____
Total Annual Income	\$ _____	_____	_____

Submit your completed Financial Assistance Application with the following:

1. Current year's Federal Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ)*
2. Copies of your last two paycheck stubs **OR** a letter from your employer stating your annual salary
3. Copies of any supporting documentation listed in the above annual salary line items

* I do not file a federal Tax return based on federal government income guidelines.

Applications received without the above documentation attached will be returned unprocessed.

I certify that this information is true and complete to the best of my knowledge. I grant permission to the YMCA to verify this information. I agree to notify the YMCA if my financial status should change.

Signature of Applicant

Date