

Broome County YMCA

We build strong kids, strong families, strong communities.

Binghamton Branch • 61 Susquehanna St • Binghamton, NY 13901 • (607) 772-0560 • Fax (607) 772-0563
West Family Branch • 740 Main St • Johnson City, NY 13790 • (607) 770-9622 • Fax (607) 729-4977

Application for Financial Assistance

Please fill out the following and attach the necessary documents (photocopies only). Return the application to the front desk of the YMCA (either Binghamton or West Family Branch).

Date of Application: _____

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Home Phone#: _____ Work Phone#: _____

Place of Employment: _____ How long have you been there? _____

This application is for: New Membership Renewal Membership and Program Program only

- Individual Membership
- Family Membership (Up to 2 adults in the household and any children up to 23, or to 25 if they are full time college.)
- Youth Membership (Infant to age 13)
- High School Membership (age 14 & up, and attending Middle or High School)
- Specific Program (i.e. basketball, swim lessons, soccer, etc.) Please specify _____

Spouse/Children also applying:

<u>Name</u>	<u>Age</u>	<u>School/Employer</u>	<u>Date of Birth</u>
-------------	------------	------------------------	----------------------

What benefits do you see in having this financial assistance to join the YMCA as a member or participant?

Have you ever applied for Financial Assistance at the YMCA before: Yes No

If yes, which YMCA _____

Would you be willing to perform any volunteer service? Yes No

If yes, what could you do? _____

Name: _____

Your present income level is: () Under \$8,000 () \$18,000 to \$21,000
 (Per Year) () \$8,001 to \$12,000 () \$21,000 to \$25,000
 () \$12,001 to \$15,000 () Over \$25,000
 () \$15,001 to \$18,000

Please itemize your **monthly** income and expenses.

INCOME		EXPENSE	
Wage, salaries, tips	\$ _____	Rent/Mortgage	\$ _____
Unemployment	\$ _____	Utilities	\$ _____
Social Security	\$ _____	Car/Insurance	\$ _____
Child Support	\$ _____	Alimony	\$ _____
Aid to dependents	\$ _____	Child Support	\$ _____
Food stamps	\$ _____	Medical	\$ _____
401K/Retirement	\$ _____	Other	\$ _____
Alimony	\$ _____		
Public Assistance	\$ _____		
Rental Assistance HUD	\$ _____		
Medicaid	\$ _____		
WIC	\$ _____		
Heap	\$ _____		
Head Start	\$ _____		
Free Lunch	\$ _____		
Total Income per month	\$ _____	Total Expense	\$ _____

What is the dollar amount you can afford to pay each month?

Membership \$ _____ per month

Program \$ _____ per session

Other information that would have bearing on this application: _____

You must attach last year's IRS tax statement and/or your SSI allocation statement to verify your annual earnings. Applications will be returned to those who do not provide proper documentation.

Financial Assistance is granted on a yearly basis. If granted, you will be required to make monthly payments on your membership. You must reapply when your year is over.

If you cannot make your payment due to major illness or other reason, you must call us to freeze your membership until you are able to restart. If 2 months are missed without notification, your membership will be terminated and you will not be able to reapply for 2 years and you must make up unmade payments.

Applications are reviewed once a month. You will be notified by mail as to the status of your application.

I certify that the above information is true and complete to the best of my knowledge.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved \$ _____/month (membership)

Approved by: _____

\$ _____/session (program)

Date: _____

Denied (reason) _____