

**Sherman Lake YMCA Fitness Membership
FINANCIAL ASSISTANCE REQUEST**

Date _____

1. Applicant (**adult**) First Name _____ Last Name _____

2. Home Address: _____ City _____ Zip: _____

3. Home Phone: _____ Work Phone: _____ Date of birth: ____/____/____

4. Dependents or other persons living in same residence: (Please list **all** household members regardless of their intention to be part of the fitness membership.)

Name	Relationship	Birthdate	Name of School or Workplace
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

4. Applicant's employer: _____ Phone: _____
 ___ full time ___ part time ___ self employed ___ seasonal work hours per week _____

5. Spouse/Other Person employer: _____ Phone: _____
 ___ full time ___ part time ___ self employed ___ seasonal work hours per week _____

6. Current Income	Applicants Employment	\$ _____	___ monthly	___ annually
Of Household:	Spouse/Others employ.	\$ _____	___ monthly	___ annually
Must attach	Child Support	\$ _____	___ monthly	___ annually
Documentation	Disability	\$ _____	___ monthly	___ annually
To support all	SSI:	\$ _____	___ monthly	___ annually
Income	AFDC	\$ _____	___ monthly	___ annually
	Alimony	\$ _____	___ monthly	___ annually
	WIC	\$ _____	___ monthly	___ annually
	Food Stamps	\$ _____	___ monthly	___ annually
	Other? _____	\$ _____	___ monthly	___ annually

TOTAL INCOME: \$ _____ ___ monthly ___ annually

7. **Attach Federal Income Tax Return for most current year:** If you do not have a tax return, please explain.

8. Does any member of your family have a special need or disability? ___ yes ___ no
 if so, who? _____ what? _____

PLEASE READ THE FOLLOWING CAREFULLY:

A sliding scale based on total annual income will be utilized to assist in determining financial assistance to be provided. Extenuating circumstances affecting living expenses (i.e. medical, catastrophe, debt, etc.) will also be considered.

By signing this application, I certify that the information on this form is true and complete. I understand that any person who knowingly and with intent files an application containing any false, incomplete or misleading information may have benefits revoked and be held personally responsible for all illegally obtained benefits.

I hereby give my consent for release of all the above information for potential placement. I have attached all documentation. I understand that this documentation will be used to assess my fees.

Financial assistance is for a one-year period. **New applications must be completed annually.**

Signature of Applicant (must be at least 18)

Date

Process of Financial Assistance:

1. Complete and sign application.
2. Attach copy of most current income tax form and 2 recent paycheck stubs for each employed person listed on application.
3. Attach documentation for **income listed on page** one.
4. Attach a copy of college or trade school enrollment.
5. **MAIL application to:** **Be certain you have the correct postage**
Sherman Lake YMCA
6225 N. 39th St.
Augusta, MI 49012

Attention: Membership/Financial Assistance

6. Allow 1 –2 weeks for processing.
7. You will receive a letter stating the amount of subsidy the YMCA can provide.
8. Bring letter to the YMCA office to sign up.