



Staff Use Only	
Account Number:	_____
Date:	_____
Staff Initials:	_____

YMCA OF METROPOLITAN LOS ANGELES Financial Assistance Application

The YMCA of Metropolitan Los Angeles provides financial assistance to the extent possible to those in need. Assistance will be granted on a first come, first serve basis. Assistance will be granted for a maximum of one year for membership or the length of the session for programs. You can reapply to receive continued assistance. Unfortunately, we cannot process incomplete applications.

PRIMARY MEMBER (Parent or guardian for applicants under 18 years)

Legal First Name	MI	Legal Last Name		
How would you like to receive your award notification? <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Email				
Address	Apt	City	State	Zip
Phone Number	Primary Email			

ASSISTANCE REQUEST

Membership	<input type="checkbox"/> New Facility Membership	<input type="checkbox"/> Facility Membership Renewal	<input type="checkbox"/> Program Membership
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Please use one form per child.

Programs	Child's Legal First Name	MI	Child's Legal Last Name
<i>Not all programs are available at all branches.</i>			
<input type="checkbox"/> Swim Lessons <input type="checkbox"/> Youth Sports <input type="checkbox"/> Karate <input type="checkbox"/> Health & Wellness <input type="checkbox"/> Licensed Child Care <input type="checkbox"/> Kid's University <input type="checkbox"/> Summer Programs <input type="checkbox"/> Resident Camp <input type="checkbox"/> Parent/Child <input type="checkbox"/> Teen Programs <input type="checkbox"/> Other: _____			

INCOME VERIFICATION

Household Monthly Income		Applicant	2 nd Adult
	Monthly Income (include all sources including government assistance, retirement, and child support)	\$	\$
Number of Adults supported by above income: ____ Number of Children supported by above income: ____			

Attach the Following Documents	<p>If there are two adults in the household, documents must be provided for both adults to verify the income listed above.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Membership Application (if you do not have a current YMCA membership) <input type="checkbox"/> Program Registration Materials (if applying for a program) <input type="checkbox"/> Two of the following income verifications: <ul style="list-style-type: none"> <input type="checkbox"/> Federal Income Tax Filing for previous year (W2 forms do not qualify) <input type="checkbox"/> Two months of paycheck stubs <input type="checkbox"/> Current Statement of award or benefits for TANF, SSA, SSI, GAU or other public assistance <input type="checkbox"/> Most recent unemployment check stubs <input type="checkbox"/> Two months of bank statements <input type="checkbox"/> An official letter from a case manager or similar such authorities if you are unemployed, not receiving benefits, are participating in a structured job training or rehabilitation program, or are homeless or living in a homeless shelter.
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I certify that the above information is true and complete to the best of my knowledge. I understand that the YMCA's policy for payment applies to this agreement. If granted assistance, I understand I will need to reapply for assistance 15 business days before assistance expires to continue my membership or program at a reduced rate.

Signed: _____ Date: _____ Assistance Expires: _____

OFFICE ONLY**Membership Assistance:**

Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Amount:		Adjustment Code:	
Membership:		Join Fee Amount		Monthly Dues:	
Contacted:	<input type="checkbox"/> Letter <input type="checkbox"/> Phone Call <input type="checkbox"/> Email		Notified Director(s) of FA Request?		Date:
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Program Assistance:

Program:					
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Amount:		Adjustment Code:	
Approved by:		Participant Pays:		Assistance Expires:	
Payment Schedule:	Date	Amount	Date	Amount	Contacted: <input type="checkbox"/> Letter <input type="checkbox"/> Phone Call <input type="checkbox"/> Email
					Notes:

Program:					
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Amount:		Adjustment Code:	
Approved by:		Participant Pays:		Assistance Expires:	
Payment Schedule:	Date	Amount	Date	Amount	Contacted: <input type="checkbox"/> Letter <input type="checkbox"/> Phone Call <input type="checkbox"/> Email
					Notes:

Program:					
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Amount:		Adjustment Code:	
Approved by:		Participant Pays:		Assistance Expires:	
Payment Schedule:	Date	Amount	Date	Amount	Contacted: <input type="checkbox"/> Letter <input type="checkbox"/> Phone Call <input type="checkbox"/> Email
					Notes: