

**METROWEST YMCA CONFIDENTIAL
PROGRAM & MEMBERSHIP ASSIST APPLICATION**

PERSONAL INFORMATION

Name: _____ Birth Date: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Marital Status: _____

Are you a YMCA member? Yes No If yes, what is the membership exp. date? _____

Have you previously received assistance from the YMCA? Yes No Date: _____

Please indicate type of assistance you are applying for: Membership Classes/Programs

If applying for membership assistance, please indicate which type:

Youth Teen Family Adult Senior Senior Family

No. of family in household: _____ *Please list family members in spaces provided below:*

Name: _____ Relation: _____ Birth Date: _____

Name: _____ Relation: _____ Birth Date: _____

Name: _____ Relation: _____ Birth Date: _____

Name: _____ Relation: _____ Birth Date: _____

EMPLOYMENT

Are you currently employed? _____ is your spouse currently employed? _____

Employer: _____ Spouse's employer: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Length of time with employer: _____ Length of time with employer: _____

INCOME

Household monthly gross: \$ _____

Please include child support and any other income.

Income verification is required for both adults.

I certify that the information on this form is accurate and true. I agree to pay the amount determined by the YMCA on a timely basis and realize that failure to do so may result in the loss of services.

Applicant Signature: _____ Date: _____

In order to process this application, please attach a copy of your most recent 1040 tax form or copies of government subsidies as well as two recent pay stubs.

Assistance is awarded based on state sliding scale fee guidelines. On the back of this form or a separate piece of paper, please list any extenuating circumstances that might be helpful in processing your application. The amount of assistance offered cannot exceed the resources of the MetroWest YMCA.