

# MetroWest YMCA Confidential ASS/ST 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 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 please indicate which type:*

Youth  Teen  Family  Young Adult (18-24 yrs.)  Adult  Senior  Sr. Family

No. in household: \_\_\_\_\_ Please list all household members below:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## EMPLOYMENT

Are you currently employed? \_\_\_\_\_ Other household adults currently employed? \_\_\_\_\_

Adult #1 employer: \_\_\_\_\_ Adult #2 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 on 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 along with two recent pay stubs.***

*Assistance is awarded based on state sliding scale fee guidelines.*

*Please list any extenuating circumstances that might be helpful in processing your application.*

*The amount of assistance offered will not exceed the resources of the MetroWest YMCA.*