



PLEASE READ CAREFULLY

Income verification must be attached to this application and must be from the current year for all members of your household

HOUSEHOLD information – A “Household” means a group of related or non-related individuals who live as one economic unit, sharing living expenses. Living expenses include rent, clothes, food, doctor bills, light, heating, etc. We will need a copy of all household income.

We need:

- **Your most current Income Tax Return and most current pay stubs representing one month.**
 - **If you are self-employed, we need your most current Income Tax Return and 3 months business bank statements.**
 - **If you receive: TANF, we need your “Notice of Action Statement.”**
 - **If you receive SDI/SSI or supplemental SSI, we need a “Verification of Benefits Statement”.**
 - **If you receive any other income – e.g., child support, financial assistance/grants/loans, etc., public or private we need documentation. (All information submitted must be current within three months of the application.)**
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- ✓ **Applications must be signed and completed, BOTH FRONT AND BACK.**
 - ✓ **You must fill out second side of the form completely; DO NOT leave the second side blank and say “See Paperwork”.**
 - ✓ **Medi Cal stickers or bank deposits cannot be accepted as proof of income.**

This application is for program fee assistance. If you wish to apply for a sponsored membership to the YMCA, a different form is needed. Please see the Member Services Counter at 1111 College Ave.

APPLICATION PROCESS TAKES 7-10 DAYS! PLEASE DO NOT CALL.



Eligibility expires January 1 of each year. In order to continue to receive subsidized program services, you must reapply.

ELIGIBILITY APPLICATION FOR SUBSIDIZED PROGRAM SERVICES (All information is confidential)

Program: ___ Day & Sports Camps ___ Youth Sports ___ Swimming ___ Parent/Child ___ Pre-Natal Exercise ___ Specialty Programs (Personal Training, Private Yoga Sessions) ___ Other

Applicant/Parent Name _____

Spouse's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____

Household information- A Household means a group of related or non-related individuals who are living as one economic unit and sharing living expenses. Living expenses include rent, clothes, food, doctor bills, light, heating etc.

of people living in home: _____

Names of dependent children:

Others living in household/relationship: _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____

Is applicant/parent employed? ___ Yes ___ No Is spouse employed? ___ Yes ___ No

Applicant/Parent Employment Information

Employer Name _____ Phone _____

Employer Address _____ City/Zip _____

Spouse/Others in Household Employment Information

Employer Name _____ Phone _____

Employer Address _____ City/Zip _____

Employer Name _____ Phone _____

Employer Address _____ City/Zip _____

Income Status: Please list info based on monthly income information. Verification of all income must be submitted with the application. For example, copies of most recent check stubs, most recent year's 1040 Tax Return Receipt, child support payment statements, Social Security Benefits Schedule. **Include all information.**
Applications will be returned if incomplete.

Gross Monthly Household Income:

***A Household means a group of related or non-related individuals who are living as one economic unit and sharing living expenses. Living expenses include rent, clothes, food, doctor bills, light, heating etc.**

Wages _____
TANF _____
SSI..... _____
SSD .. _____
Unemployment _____
Child Support..... _____
Alimony..... _____
Other _____
MONTHLY TOTAL

All information on this application is true and correct and may be verified.

Signature Date

----- FOR YMCA USE ONLY -----:

Approved • Yes No
Eligibility Determined _____
Date Processed _____
By _____ Date _____

Applicant Notified:
Postcard- Telephone- Other-
Comments _____

