



For YMCA staff use only	
Account number _____	
Date _____	Staff initials _____
Date assistance expires _____	

FINANCIAL ASSISTANCE APPLICATION

YMCA OF METROPOLITAN LOS ANGELES

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 of age)

_____ () _____
 Legal name (include middle initial) Phone Email address

_____ Apt. _____ City _____ State _____ Zip code _____
 Address

How would you like to receive your award notification? Phone Mail Email

MEMBERSHIP ASSISTANCE REQUEST

New facility membership Facility membership renewal Program membership

PROGRAM ASSISTANCE REQUEST (Please use one form per child.)

_____ Child's legal name (include middle initial)

Select the program(s) for which you are applying for assistance. (Not all programs are available at all branches.)

Health & Wellness Karate Kid's University Licensed child care Parent/Child
 Resident camp Summer programs Swim lessons Teen programs Youth sports Other _____

INCOME VERIFICATION

Household monthly income (Include all sources of monthly income including government assistance, retirement and child support.)

Applicant \$ _____ Secondary adult \$ _____

Attach the following supporting documents to this application. If there are two adults in the household, income verification documents must be provided for **both** adults to verify the income listed above.

- **Membership Application**
(if you do not have a current YMCA membership)
- **Program registration materials**
(if applying for a program)
- **Two of the following income verifications:**
 - Federal income tax filing for pervious year (W2 forms do not qualify)
 - Two months of paycheck stubs
 - Current statement of award or benefits for TANF, SSA, SSI, GAU or other public assistance
 - Most recent unemployment check stubs
 - Two months of bank statements
 - An official letter from a case manager or similar such authorities if you are unemployed, not receiving benefits, participating in a structured job training or rehabilitation program, homeless or residing in a homeless shelter.

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.

X _____ Date _____
 Signature of applicant or guardian