

**MEMBERSHIP ASSISTANCE  
ASHTABULA COUNTY FAMILY YMCA ASSISTANCE APPLICATION  
(To be completed by parent or guardian if applicant is under 18)**

NEW \_\_\_\_\_  
RENEWAL \_\_\_\_\_

While the YMCA is a non-profit agency, we depend on participation fees to help maintain our services. We are committed to serve people regardless of their income level, but expect participants to pay a fee based on their financial ability. YMCA financial assistance will be awarded to qualifying applicants contingent upon financial resources of the Association and verification of application information.

**APPLICATION STEPS**

1. Fill out application form complete, sign and date and return.
2. Provide a copy of the first page of your Federal 1040 tax return for the previous year.
3. Provide a copy of payroll stubs for the past month (if applicable).
4. Provide copies of granted assistance (Medical, SSDI, SSI, ADC, unemployment, and food stamps.)
5. Should you have no income, a letter must be obtained from Jobs and Family Services stating you have no income.
6. Application will be reviewed once all income verification has been obtained and application is completed. Applications are kept confidential.

Last Name	First Name	Date of Birth	Home phone
Address		City	State and Zip
Marital Status: Single / Married # of children _____		Are you interested volunteering? Yes / No	Race
Type of membership requested: Family Adult Golden Y Sr High Youth		Amount you are able to pay monthly \$ _____	

**VERIFICATION OF ALL INCOME MUST ACCOMPANY THIS APPLICATION**

**INCOME** NO YES \$ PER MONTH

1. Are you receiving ADC?			\$
2. Are you receiving food stamps?			\$
3. Are you receiving social security benefits ?			\$
4. Are you receiving veteran's or retirement benefits?			\$
5. Are you receiving child support?			\$
6. Are you receiving spousal support			\$
7. Are you employed?			\$
8. Is your spouse employed?			\$
9. Are any of your children employed?			\$
10. Are you or your spouse receiving unemployment benefits?			\$

Circumstances that support your request for assistance.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List names and birthdays of spouse & children to be included in membership	
Name	Birth Date
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the information supplied herein, is true, accurate and complete to the best of my knowledge. I am also aware that I am responsible for notifying the Ashtabula County Family YMCA, in writing, of any changes to information supplied in this application as may affect my eligibility for financial assistance such as income, address, and living arrangements. I understand that failure to comply with YMCA policies can result in an immediate revocation of membership and assistance privileges.

Signature of applicant or Parent/Legal Guardian if applicant is a minor \_\_\_\_\_

\_\_\_\_\_ Date