



## FINANCIAL ASSISTANCE APPLICATION

### General Information:

Within the available resources of the organization, Greater Canandaigua Family YMCA will provide services to any individual seeking membership or program participation, but whose financial circumstances hinder their ability to pay the full membership and/or program fees.

Those not able to pay the full fee may be awarded partial financial assistance based on their demonstrated need and the YMCA's ability to fund the subsidy.

Greater Canandaigua Family YMCA's financial assistance program is supported by contributions to our Annual Campaign.

YOUR APPLICATION MAY TAKE UP TO TWO WEEKS TO PROCESS.

### Requirements for application

Form **MUST** be filled out correctly, completely, and accurately.\*

\*Any forms missing information or any supporting documentation will be asked to re-apply.

All applicants are required to pay a portion of membership dues.

EVERY adult and child that resides in your household needs to be listed. All adults must have income documentation and supporting documentation.

How many adults reside in the household? \_\_\_\_\_

How many children? \_\_\_\_\_

All household adults MUST be included on the membership application and provide supporting income documentation regardless of whether they will be included in the membership.

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Date Received \_\_\_\_\_ Date Completed \_\_\_\_\_

Interview Date \_\_\_\_\_

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**What are you applying for?** Membership Programs Childcare Summer Day Camp

**If membership, which category (See Below)?** Youth Adult Couple Individual Parent  
Family Senior Senior Couple

MEMBERSHIP TYPE  
YOUTH (0-18)  
YOUNG ADULT (19-22)  
ADULT (23-61)  
COUPLE (23-61)  
INDIVIDUAL PARENT\*  
FAMILY\*  
SENIOR (62 & UP)  
SENIOR COUPLE

\*Individual Parent– Individual parent membership includes one adult in the household and children up to age 22 & under in the household.

\*Family– Family memberships include two adults in the household and children up to age 22 & under in the household.

**Are you willing to volunteer?** Yes No **Area of Interest:** \_\_\_\_\_

**Is someone other than the applicant completing this form?** Yes No

**If yes, please provide contact information below.**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

Please understand that all recipients are required to pay a portion of membership/program fees. If no income is listed, please explain how you plan to pay for your membership.

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**PRIMARY ADULT**

Name (Last/First/Middle) \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Marital Status \_\_\_\_\_

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**PRIMARY ADULT INCOME INFORMATION**

Please fill out ALL spaces below, including the total box.

Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Average hours worked per week \_\_\_\_\_ Days/Hours Worked \_\_\_\_\_

Child Support received [ ] Yes [ ] No List Children: \_\_\_\_\_

Gross Monthly Income	Amount	Proof Needed
Wages	\$	2 pay stubs and most recent Federal Income Tax 1040
Unemployment	\$	Benefit Statement
Alimony/Child Support RECEIVED	\$	Court order stating amount
Social Security	\$	Benefit Statement for all recipients
Public Assistance (Housing, Utilities)	\$	Benefit Statement
Food Stamps	\$	Benefit Statement
Workers Comp./Disability	\$	Benefit Statement
Retirement Benefits	\$	Benefit Statement
Business/Rental Income	\$	Income Statement/Schedule C from Federal Taxes
Other	\$	
<b>Total</b>	<b>\$</b>	

If you list something under "Amount", you will need to provide ALL information in the "proof needed" line. If you are unable to provide something, please explain:

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**SECOND ADULT**

Name (Last/First/Middle) \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Marital Status \_\_\_\_\_

**SECOND ADULT INCOME INFORMATION**

Please fill out ALL spaces below, including the total box.

Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Average hours worked per week \_\_\_\_\_ Days/Hours Worked \_\_\_\_\_

Child Support received [ ] Yes [ ] No List Children: \_\_\_\_\_

Gross Monthly Income	Amount	Proof Needed
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Unemployment	\$	Benefit Statement
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Retirement Benefits	\$	Benefit Statement
Business/Rental Income	\$	Income Statement/Schedule C from Federal Taxes
Other	\$	
<b>Total</b>	<b>\$</b>	

If you list something under "Amount" , you will need to provide ALL information in the "proof needed" line. If you are unable to provide something, please explain:

\_\_\_\_\_  
\_\_\_\_\_



**Canandaigua YMCA Financial Assistance  
Monthly Expense Worksheet**

Rent/Mortgage	\$
Utilities	\$
Phone	\$
Auto/Insurance	\$
Food	\$
Medical	\$
Alimony/Child Support (Paid)	\$
Incidentals	\$
Other	\$
Other	\$
<b>Total Monthly Expenses</b>	\$

**ADDITIONAL QUESTIONS:**

**1.) If you are not receiving child support at this time, please explain the circumstances:**

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**2.) If not all children are listed on your Federal Taxes, Public Assistance, or Food Stamps , please explain the circumstances:**

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**3.) Is there any other information you would like to provide relevant to this application?**

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**4.) How did you hear about the YMCA (Check one):**

Radio Local Resident Social Media Friend/Family Flyer/Poster

Member or Program Participant Place of Employment E-Mail Medical Referral

Other: \_\_\_\_\_

I verify that the information provided is complete, and accurate to the best of my knowledge. If my household or income status changes, I will notify the YMCA.

Primary Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

Secondary Adult Signature \_\_\_\_\_ Date \_\_\_\_\_