

EMPLOYMENT INFORMATION(must attach proof of current 6 weeks gross income)

YOUR EMPLOYER _____ PHONE# _____

ADDRESS: _____ POSITION: _____

LENGTH OF TIME WITH FIRM: _____ MONTHLY GROSS \$ _____

SPOUSE'S EMPLOYER: _____ PHONE# _____

ADDRESS: _____ POSITION: _____

LENGTH OF TIME WITH FIRM: _____ MONTHLY GROSS \$ _____

If unemployed, you must provide proof you are actively seeking employment!!!

****Please provide copies of all income****

Monthly Amount	Primary Person	Co-Applicant/Spouse	Monthly Expenses
Wages/Salaries	\$ _____	\$ _____	Rent/Mortgage \$ _____
Social Security	\$ _____	\$ _____	Groceries \$ _____
Food Stamps	\$ _____	\$ _____	Phone \$ _____
TANF	\$ _____	\$ _____	Medical \$ _____
Unemployment	\$ _____	\$ _____	Utilities \$ _____
Child Support/Alimony	\$ _____	\$ _____	Car Payment(s) \$ _____
Disability/Sick Pay	\$ _____	\$ _____	Medical \$ _____
JTPA	\$ _____	\$ _____	Other _____ \$ _____
Military Allotment	\$ _____	\$ _____	Other _____ \$ _____
Workmans Comp	\$ _____	\$ _____	Other _____ \$ _____
Pension/Retirement	\$ _____	\$ _____	Other _____ \$ _____
Pell/Hope Grant	\$ _____	\$ _____	Other (Specify) \$ _____
TOTAL	\$ _____	\$ _____	TOTAL \$ _____

COLLEGE INFORMATION

*****FULL TIME STUDENTS MUST SUBMIT A LETTER VERIFYING FULLTIME ENROLLMENT SIGNED BY THE REGISTRARS OFFICE OF THEIR SCHOOL*****

Are you or anyone in the household enrolled as a fulltime, day time college student?

YES NO

Name of student: _____ School attending: _____

Does this student receive ANY financial aid? YES NO

If you answered yes to the previous question, what is the amount of assistance? _____

Please provide a copy of the amount received

*****You must provide proof that you are actively pursuing Child Support Enforcement services and/or employment or you may not qualify for Financial Assistance to the Thomasville YMCA.*****

Do you have a support order? YES NO
What is the court ordered amount? Per week \$_____ or Per Month \$_____
Does the parent of your child or children live in the home? YES NO
If YES, please list the following information: NAME:_____
EMPLOYER:_____EMPLOYER #:_____
DOB:_____MONTHLY GROSS:_____

PLEASE NOTE THAT THE ABOVE INFORMATION MUST BE ACCOMPANIED BY THE CORRESPONDING VERIFICATION. ATTACH THE INFORMATION TO THE BACK OF THIS APPLICATION.

ADDITIONAL QUESTIONS AND STATEMENTS

Why do you wish to receive Financial Assistance from the Thomasville YMCA?

YMCA membership policy requires payment in full (extended payment may be arranged) or a draft on your checking account monthly. Payments not received within the specified times will result in loss of membership.

What can you afford to pay toward the membership requested?
YEARLY FEE \$_____ MONTHLY FEE \$_____
What can you afford to pay toward the program fee requested? \$_____

IT IS THE APPLICANTS RESPONSIBILITY TO CALL THE YMCA MEMBERSHIP OFFICE TO CHECK ON THE STATUS OF THE APPLICATION (229-226-3446) FOR MEMBERSHIP. IF YOU ARE APPLYING FOR PROGRAMS YOU WILL RECEIVE A CALL WITHIN 3 WORKING DAYS. THE PROCESSING TIME TAKES AT LEAST 3 TO 4 DAYS AFTER THE DAY THE APPLICATION IS RECEIVED.

I do hereby declare that the information provided on this form is complete and truthful to the best of my knowledge. I have attached the requested documentation to verify my monthly household income. I also understand that this application is subject to review by the CEO of the YMCA. If approved, this application MUST be renewed on February 1st of the next year. The YMCA may request a renewal or further information at any time. Furthermore, **I understand that I am legally obligated to immediately notify the YMCA of any changes in the listed income or circumstances that will affect my eligibility for financial assistance.** I understand that any false information provided by me will result in immediate termination of any financial assistance provided by this organization. Finally, I have read and understand this statement.

Signature:_____Date:_____