



YMCA OF ROCK RIVER VALLEY

FINANCIAL ASSISTANCE APPLICATION

Received By (Staff Initials) _____
Date Received _____

ALL SECTIONS MUST BE COMPLETE FOR YOUR APPLICATION TO BE PROCESSED.

____ NEW MEMBERSHIP

____ YOUTH PROGRAMS (Circle all that apply.)

____ CURRENT MEMBERSHIP RENEWAL

Karate Swim Lessons Gymnastics Preschool

Youth Sports Climbing Music Classes

PERSONAL INFORMATION Martial Status Single Married Divorced Widow

Last Name _____ First Name _____ Birthdate _____ Male/Female

Address _____ City _____ Zip _____

E-Mail Address _____ Phone _____

Employment Status Full Time Part Time Unemployed Retired Disabled

Place of Employment _____ How Long _____

2ND ADULT IN HOUSEHOLD INFORMATION Martial Status Single Married Divorced Widow

Last Name _____ First Name _____ Birthdate _____ Male/Female

Employment Status Full Time Part Time Unemployed Retired Disabled

Place of Employment _____ How Long _____

MONTHLY HOUSEHOLD INCOME

Gross Monthly Wages _____ Disability _____

Child Support _____ Unemployment _____

Social Security _____ Link Card _____

Workers Comp _____ All Other _____

Pension _____ Do you receive a medical card? YES

TOTAL _____

LIST ALL DEPENDENTS YOU WOULD LIKE INCLUDED ON THIS MEMBERSHIP

Name	Birthdate	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

(If 18-23 years of age or older, provide a current school schedule.)

SIGNATURE OF APPLICANT _____ **DATE** _____

FOR YMCA OFFICE USE ONLY

Membership Type _____ Member # _____

MEMBER PAYS Annual \$ _____ Quarterly \$ _____ Monthly \$ _____

Y-ASSISTED AMOUNT Annual \$ _____ Quarterly \$ _____ Monthly \$ _____

JOINER FEE ASSISTED \$ _____ Start Date _____ Expiration Date _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF ROCK RIVER VALLEY

APPLICATION PROCESS FOR FINANCIAL AID

ALL SECTIONS MUST BE COMPLETE FOR YOUR APPLICATION TO BE PROCESSED.

Provide PHOTO COPIES of all items listed below which pertain to you, and submit with your application. Please, blackout/remove all Social Security numbers .

EVERYONE MUST PROVIDE

Current year's Federal Tax return (1040) or a transcript of your taxes from the IRS for all adults in the household .
(Instructions are listed below for obtaining this transcript should you not have a copy, or did not file taxes.)

ADDITIONAL INFORMATION (if applicable)

- Three current, most recent pay stubs for all working adults in the household
- Birth Certificates for children NOT listed on tax form
- Link Card Statement (for food stamps , cash assistance, etc.)
- Social Security Statement
- Disability Statement
- Child Support Order
- Unemployment Statement
- Workers Compensation Statement
- School schedule for any student on the membersh ip who is between the ages of 18 - 23
- Pension Statement

- The IRS tax transcript is for those who do not have a copy of or did not file taxes.
All applicants must have a transcript or form regardless of your employment status.

TO OBTAIN THIS LETTER

- Call the IRS at 1-800-829-1040 (This is an automated system. You will be prompted to enter the appropriate information. Choose the option for "questions about your account", and follow the prompts.) OR www.irs.gov.
- Once this process is complete, the IRS will mail the letter to your home. You should receive it within 10-15 days.

YMCA MISSION

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

WELCOME CENTER

815 489 1252 ID Pennock Branch

815 489 3352 Northeast Branch

OR

815 489 1235 Charles Gray