



STAUNTON-AUGUSTA FAMILY YMCA

PERSONAL INFORMATION

◆ARE YOU CURRENTLY A YMCA MEMBER? YES NO

Name _____ Home Phone _____

Address _____ Apt. No. _____

City _____ State _____ Zip _____

Are you a full-time student? _____ If yes, where? _____

Are you married? _____ Total number of dependents _____ Is spouse a full-time student? _____

Email _____

List names (include last names, if different from applicant) and ages of ALL persons in the *household*.. Your *household* includes dependents you claim on your federal income tax return.

1) _____ Age _____ Relation _____

2) _____ Age _____ Relation _____

3) _____ Age _____ Relation _____

4) _____ Age _____ Relation _____

5) _____ Age _____ Relation _____

6) _____ Age _____ Relation _____

7) _____ Age _____ Relation _____

EMPLOYMENT INFORMATION

Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Length of employment _____ Full or Part time? _____

Gross Monthly Income _____ Supervisor's Name _____

Spouse's Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Length of employment _____ Full or Part time? _____

Gross Monthly Income _____ Supervisor's Name _____

PAYMENT INFORMATION

Based on your income and expenses, how much can you afford to pay **PER WEEK PER CHILD** toward the YMCA CHILD CARE? \$ _____ (Blank **MUST** be completed.)

To be considered for Financial Assistance, this application must be filled out completely and all sources of income documented and returned with the completed application. Should any part of this requirement be missing, the application will NOT be considered or processed.

OVER



OTHER

Does anyone on this application have physical, mental, or emotional concerns that would affect their participation in the program? Please explain _____

Do any applicants have special needs that the YMCA should be aware of? Please explain _____

Do you or anyone included on this application smoke? If yes, how many packs per day? _____

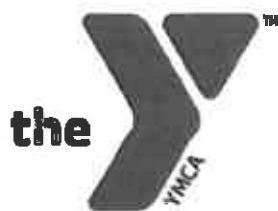
Make and model of car(s) or other transportation. Model _____ Year _____

Model _____ Year _____

APPLYING FOR ASSISTANCE WITH: YMCA CHILD CARE

				FIRST TIME CAMPER
Child Name #1 _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age _____	<input type="checkbox"/>
Child Name #2 _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age _____	<input type="checkbox"/>
Child Name #3 _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age _____	<input type="checkbox"/>
Child Name #4 _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age _____	<input type="checkbox"/>

List any skills that you may have that would be of service to the YMCA and that you may be willing to volunteer: _____



**STAUNTON-AUGUSTA FAMILY YMCA • 708 N. Coalter Street
Staunton, VA 24401
(540)885-8089 phone • (540)885-7240 fax • www.saymca.org**



Income/Expenses Worksheet

<u>Income:</u>	<u>Expenses:</u>
\$ _____ 1) Your Gross Monthly Income	\$ _____ 1) Rent/Mortgage (circle one)
\$ _____ 2) Spouse's Gross Monthly Income	\$ _____ 2) Auto Loan(s)
\$ _____ 3) Child Support	_____ Year _____ Make
\$ _____ 4) Aid to Dependent Children	_____ Year _____ Make
\$ _____ 5) Welfare Benefits	\$ _____ 3) Utilities
\$ _____ 6) Food Stamps	_____ Gas
Y _____ N _____ 7) Reduced Lunch Program	_____ Electric
\$ _____ 8) TANF	_____ Water/Sewer
\$ _____ 9) Other (please explain)	\$ _____ 4) Cell Phone
_____	\$ _____ 5) Internet
_____	\$ _____ 6) Child Support
\$ _____ TOTAL MONTHLY INCOME (household)	\$ _____ 7) Child Care
\$ _____ TOTAL ANNUAL INCOME (household)	\$ _____ 8) Medical Expenses
(TOTAL MONTHLY INCOME X 12)	\$ _____ 9) Other Expenses (please explain)

	\$ _____ TOTAL MONTHLY EXPENSES

Total number living in the home: _____

Please share why you are applying for financial assistance. This portion MUST be completed for your application to be considered.

In order to process this application you must submit the following documentation for everyone working in your household with this completed form:

1. Current/Prior year's Federal Tax Return (Form 1040—page 1 only; or 1040EZ)
2. Copies of your last two paycheck stubs or a letter from your employer stating your annual salary
3. Copies of any supporting documentation of income (SSI, disability, government assistance, etc.)

I do not file a federal Tax return based on federal government income guidelines

Applications received without the above documentation attached will be returned unprocessed.

I certify that this information is true and complete to the best of my knowledge. I grant permission to the YMCA to verify this information. I agree to notify the YMCA if my financial situation should change.

Applicant's Signature _____ Date _____