

YMCA of San Francisco

Financial Assistance

Confidential Application



Please complete the entire form, sign and date it.
All information is confidential.
Completion of this application does not guarantee approval.
(Please allow two weeks for processing.)

FOR OFFICE USE ONLY

Approved by: _____ Denied by: _____

Reason: _____

E-mail / Letters sent on: _____ Award %: _____

Primary Adult (please print)

First Name

Last Name

Street Address:

City

Zip Code

Primary Phone Number

E-mail Address

Do you receive income?

Yes

No

Are you currently a YMCA member?

Yes

No

Secondary Adult

First Name

Last Name

Does this person receive income?

Yes

No

Family Members

Number of adults over 18 in your home:

Number of children under 18 in your home:

Household Monthly Income

Please select and attach appropriate qualifying documents *:

Last Year's Income Tax Summary statement for ALL adults applying.

2 consecutive, most current pay stubs

2 consecutive, most current statements of alternative income (i.e. SSI, SDI, Worker's Comp., Unemployment, Pension/Retirement, Child Support/Alimony)

*Feel free to black out social security numbers and account numbers.

Provide detail amounts (\$) per income or assistance your currently receive:

SSI	SDI	Worker's Comp	Unemployment
Pension/Retirement	Child Support/Alimony	Are you receiving any other financial assistance, not listed here? If yes, what & how much?	

Are there any other factors that we should take in consideration in evaluating your need for assistance?

Supporting documents will not be returned, so please enclose photocopies. You will be notified when it is time to reapply for financial assistance. Each application is reviewed and approved independently. If there are changes in your income, please notify the YMCA.

Acknowledgement

I acknowledge by my signature below, that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need, if requested. I am aware that on-time program payments are required to receive financial assistance awards. I understand I am subject to the rules and regulations of the YMCA.

Signature

Date