

The Garden City Family YMCA is a non-profit organization. We receive no local, state or federal tax money. The last two words in our Mission Statement is "for all". This is exactly what we want to do. We want to give everyone an opportunity to participate in a YMCA program or have a membership. NO one will be denied access solely on inability to pay!

Please fill out the confidential application and attach the necessary forms so we can provide you with financial assistance. Please tell us why you are wanting assistance on the back page.

If you need more space, please attach a separate sheet of paper.

NAME _____ ADDRESS _____

EMPLOYER _____ BIRTHDATE _____ DATE _____

PH: HOME _____ WORK _____ CELL _____ SEX _____

SPOUSE _____ EMPLOYER _____

CHILDREN (Legal dependents under 18 or from age 18 through 24 if a fulltime student)

Dependents	Relationship	Birthdate	Sex
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE & COMPLETE: _____

MONTHLY GROSS INCOME

	Applicant	Spouse
Salary/Wages	_____	_____
Child Support	_____	_____
Alimony	_____	_____
Govt. Assist.	_____	_____
Food Stamps	_____	_____
Cash Assist.	_____	_____
Other Income	_____	_____
TOTAL	_____	_____

Comments: _____

REQUIRED DOCUMENTATION

Please submit your completed application along with documentation listed below that applies to you.

- Last years tax return
- Two current consecutive paystubs
- Proof of all dependents listed on application
- Copies of social security or disability checks
- Copy of your bank statement for the past six months if you did not file taxes
- Other assistance verification

ALL INFORMATION MUST BE CURRENT

FOR OFFICE USE ONLY

APPROVED FOR _____ % Effective Date _____ CEO _____ CFO _____ FINANCE _____ / _____ / _____ / _____
 NOT APPROVED _____ REASON _____
