



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OFFICE USE ONLY
MEMBER # _____
DATE RECEIVED _____
PREFERRED CONTACT METHOD:
<input type="checkbox"/> EMAIL
<input type="checkbox"/> LOCAL PHONE
<input type="checkbox"/> STAFF _____

YMCA OF FLORIDA'S FIRST COAST FINANCIAL ASSISTANCE / INCOME VERIFICATION APPLICATION

PLEASE SUBMIT THE FOLLOWING DOCUMENTS (PHOTOCOPIES ONLY):

- Copy of latest tax return or letter of non-filing status from most recent tax year
- Copy of most recent W-2
- Copies of your last two paycheck stubs
- Copies of court ordered child support, subsidized housing, social security, food stamps, school loans / grants or other sources of income
- A personal letter explaining your need for assistance

Submit your completed form and related documents at the Welcome Center of your nearest Y, or mail to:

Attn: Member Services
First Coast YMCA
40 East Adams St., Ste 210
Jacksonville, FL 32202

PLEASE PRINT CLEARLY.

DATE OF APPLICATION _____

FIRST NAME _____ M.I. _____ LAST NAME _____ DATE OF BIRTH _____

STREET ADDRESS _____ APT. _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ DAYTIME PHONE _____ EMAIL _____

APPLICANT INFORMATION

EMPLOYER _____ PHONE NUMBER _____

SUPERVISOR _____ LENGTH OF EMPLOYMENT _____

SECONDARY ADULT INFORMATION

FIRST NAME _____ M.I. _____ LAST NAME _____ DATE OF BIRTH _____

EMPLOYER _____ PHONE NUMBER _____

SUPERVISOR _____ LENGTH OF EMPLOYMENT _____

DEPENDENT(S) / CHILDREN

NAME	AGE	GENDER	SCHOOL	DATE OF BIRTH
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		

PLEASE SEE OTHER SIDE

PLEASE ANSWER THE FOLLOWING:

WHAT PROGRAM(S) ARE YOU APPLYING FOR? MEMBERSHIP _____ PROGRAM _____

WHAT DO YOU FEEL YOU CAN AFFORD TO PAY FOR THIS PROGRAM(S)? _____

HAVE YOU EVER APPLIED FOR FINANCIAL ASSISTANCE WITH THE YMCA? YES NO

IF YES, AT WHICH YMCA AND FOR WHAT PROGRAM(S)? _____

The YMCA strives to make our programs available to all who will benefit from them, regardless of their ability to pay. By providing all of this information, you will help us meet this goal. This information is kept confidential and will not be used for any other purpose.

PLEASE ITEMIZE YOUR GROSS ANNUAL HOUSEHOLD INCOME.

SALARY	\$
UNEMPLOYMENT COMPENSATION	\$
SOCIAL SECURITY COMPENSATION	\$
CHILD SUPPORT	\$
AID FOR DEPENDENT CHILDREN	\$
FOOD STAMPS	\$
401 (K) RETIREMENT	\$
ALIMONY	\$
OTHER:	\$
TOTAL (ADD ABOVE)	\$

I certify that my annual household income and number of dependents (if any) are \$ _____ and _____, respectively.

I certify that the information provided is true and complete to the best of my knowledge. I will notify the YMCA if my financial status changes.

SIGNATURE OF APPLICANT _____ DATE _____

OFFICE USE ONLY

DATE RECEIVED _____ DATE PROCESSED _____

PROGRAMS _____

JOIN / RENEW BY _____ DATE NOTIFIED _____

MONTHLY DUES _____

JOINING FEE _____

APPROVED BY _____