



Stamford Family YMCA Financial Assistance Application

A. About you:

Your Name: _____ (first) (MI) (last)

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Email Address: _____ Preferred Phone: _____ Birthdate: _____

Employer Name: _____

Employer Address: _____

Town/City: _____ State: _____ Zip Code: _____

Job Title: _____ Business Phone: _____

B. Spouse/Partner Name:

_____ (first) (MI) (last)

Employer Name: _____

Employer Address: _____

Town/City: _____ State: _____ Zip Code: _____

Job Title: _____ Business Phone: _____

C. Number of Dependent Children: _____

Name: _____	Birthdate: _____	Name: _____	Birthdate: _____
Name: _____	Birthdate: _____	Name: _____	Birthdate: _____
Name: _____	Birthdate: _____	Name: _____	Birthdate: _____

D. Financial Assistance is Requested For:

Membership Programs Child Care Camp Other

E. Other Information:

Your Gross Annual Salary: \$ _____ Spouse/Partner's Gross Annual Salary: \$ _____

Other Income (list source & amount): _____

Housing: Own Rent Monthly Mortgage/Rent: _____

Do you receive a housing subsidy? Yes No Amount per Month: \$ _____

Please list any special circumstances that affect your reason for need: _____

To qualify for financial assistance, you must submit the following documents within 2 weeks of application:

- Your most recently filed tax return
- Two current paycheck stubs or other proof of your current combined total income
- Proof of any other income - i.e. child support, social security benefits, etc.

The information listed on this form is correct to the best of my knowledge. I understand that if I do not provide the required documentation within 2 weeks, my membership rate will revert to the full fee. I understand that I must re-apply for financial assistance every 12 months from the date of this application. If I do not re-apply for financial assistance, my fees will revert the full published rate.

F. Applicant Signature: _____

Date: _____

G. Stamford Family YMCA Staff to Complete this Section

Member Account Number	Branch
Percent of Subsidy	Begin Date Review Date
Approved By	Date Entered