



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Family YMCA of Baker County  
3715 Pochontas Rd.  
Baker City, OR 97814  
541.523.9622  
www.bakerymca.org

## Financial Assistance Application

### ASSISTANCE INFORMATION

Financial information is for:

- Youth Membership  
 Adult/Senior Membership  
 Adult/Senior Couple Membership  
 1 Adult + Children  
 2 Adults + Children  
 Programs

Are you currently receiving a financial assistance from the YMCA?

YES  NO

Are you currently an active YMCA member? YES  NO  \*\*

Adults in household

Dependent Children in household

### INCOME

Monthly gross income from wages \$

Other monthly income (Public Assistance, Child Support, etc.) \$

Total household income last year \$

### MONTHLY EXPENSES

Mortgage/Rent \$

Utilities \$

Medical Expenses \$

Other Expenses \$

Student Loans \$

Total Monthly Expenses \$

ALL FIELDS MUST BE FILLED TO ENSURE PROMPT PROCESSING.

I certify this information is true and complete to the best of my knowledge. I understand it is my responsibility to notify the YMCA regarding changes to my financial and/or membership status. I understand and agree that the YMCA may make contact to verify this information. I understand that my financial need may be re-evaluated at any time by the YMCA. I authorize employers and/or other income sources to release financial information to the YMCA. I also understand all information will remain confidential.

**I understand that when my financial assistance is granted, that it is valid for six months, beginning on the date that it is processed. I understand that at the end of that six months, I must re-submit an updated financial assistance income information form if I would like to continue my membership with a financial assistance.**

Print Name

Signature

Phone Number

Date of Birth

Today's Date

I am able to contribute \$  per month for a membership and/or \$  for a program.

**NOTE: EFFECTIVE April 2019** all financial assistance recipients must remain **active** while receiving a financial assistance. **Active** being defined as participating in at least one sport or visiting the facility at least three times a month for each individual on the unit receiving financial assistance.

#### OFFICE USE ONLY

Reviewer

Date

Financial Assistance  %

Date to Reapply

\*\*If you are not currently a YMCA member please attach a Membership Application.

# PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS APPLICATION

## We require the following documentation in order to process your application:

- A completed YMCA financial assistance and membership application
- A copy of the most recent tax returns (1040 FORM). If you have not filed taxes, please explain why and attach to this form. Proof of dependency for children needs to be provided if no taxes are available.
- A copy of your most recent year-to-date pay stub for each member of the household who is working.
- Documentation of SSI, SSD, SNAP, AFDC, unemployment, student loans, child support, etc.
- If you are self-employed, please include your monthly bookkeeping documents.
- If there is any extenuating circumstances that are out of the ordinary, please write a letter of explanation and attach to this form.

**YOU MAY SUBMIT LETTERS FROM OTHER COMMUNITY ORGANIZATIONS FROM WHICH YOU RECEIVE FINANCIAL SUPPORT, ALTHOUGH THEY CANNOT BE USED AS A SUBSTITUTE FOR THE REQUESTED FORMS LISTED ABOVE. INCOMPLETE APPLICATIONS WILL DELAY OUR ABILITY TO SERVE YOU.**

### PRIMARY ADULT \*Required\*

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First Name	Middle name	Last Name
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Street Address	City	State	ZIP
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Date of Birth	Phone Number	Email Address
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