

**YMCA of Western North Carolina**  
**FINANCIAL ASSISTANCE APPLICATION**

Branch Number

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Identification Number

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Today's Month/Day/Year

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PERSONAL INFORMATION				
First Name	MI	Last Name	Nickname	
Street	City		State	Zip Code
Home Phone (      )	Sex (circle one) <b>Male</b> <b>Female</b>	Birthdate ____ / ____ / ____		

BRANCH INFO
Which YMCA facility do you and/or your family plan to use most of the time:
<input type="checkbox"/> Asheville
<input type="checkbox"/> Corpening (McDowell County)
<input type="checkbox"/> Reuter (S. Buncombe County)

YOUR EMPLOYER		
Company Name	Position	Work Phone (      )

PARTICIPATING MEMBER'S EMPLOYER (if applicable)		
Company Name	Position	Work Phone (      )

PARTICIPATING MEMBERS			
FULL NAME	BIRTHDATE	SEX	MEMBERSHIP/PROGRAM FOR WHICH APPLYING
1)	/ /		
2)	/ /		
3)	/ /		
4)	/ /		
5)	/ /		
6)	/ /		
7)	/ /		
8)	/ /		

FINANCIAL INFORMATION	
My total family income is:	
Monthly	\$ _____
Annually	\$ _____
Do you receive any of the following? If so, how much PER MONTH?	
AFDC	\$ _____
Food Stamps	\$ _____
Child Support	\$ _____
Social Security	\$ _____
Pensions	\$ _____
Other	\$ _____

Amount you could possibly pay for YMCA programs and/or membership per month? \$ \_\_\_\_\_

**YOU MUST ATTACH A COPY OF LAST YEAR'S INCOME TAX FORMS OR A COPY OF YOUR LAST THREE PAYCHECK STUBS FOR THIS FORM TO BE PROCESSED.**

If another working adult lives in your home, how does this living arrangement benefit you FINANCIALLY? Example: He/She pays half the rent, bills, etc.

\_\_\_\_\_

Please describe any extenuating circumstances you would like the us to consider when we calculate your financial assistance.

\_\_\_\_\_

I understand the YMCA of Western North Carolina is a United Way participating agency, and that the United Way may contact me for additional information. I hereby acknowledge that all of the above information is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent or legal guardian must sign if applicant is under 18.

OFFICE USE ONLY		
<input type="checkbox"/> Membership _____	<input type="checkbox"/> Child Care _____	<input type="checkbox"/> Program(s) _____
Percent Family Pays _____%		
Percent Subsidized _____%		
Staff Signature _____	Date ____ / ____ / ____	
Notes: _____		