



YMCA OF MIDDLE TENNESSEE

Request for Program Financial Assistance and Staff Discount

SITE/LOCATION: _____

PROGRAM: _____

FORM OF SUBSIDY REQUESTED:

Only one form of subsidy is allowed. Please complete the subsidy that applies to you.

Financial Assistance

YMCA Part Time

YMCA Full Time

Center/Location: _____

Supervisor: _____

1 APPLICANT INFORMATION

Name _____

Email _____

Mailing Address _____

City _____

State _____ ZIP Code _____

Home Phone _____

Cell Phone _____

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

| Name | Age | Annual Income | Check if program participant |
|-------|-------|---------------|------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |

3 TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS

(If applying for a staff discount, do not complete Step 3. Please proceed to Step 4.)

I FILED FEDERAL TAXES FOR LAST YEAR

1040 FEDERAL TAX FORM(S) FOR ALL INCOMES IN THE HOUSEHOLD

I am an individual filing jointly; I am providing ONE 1040 form

We filed more than ONE tax form in our household; we are providing _____ 1040 forms.

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

OR

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR OR MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

DOCUMENTS SHOWING MOST RECENT 30 DAYS OF INCOME (Including bank statement and pay stubs, documentation of government assistance or documentation of other sources of income)

\$ _____ x 12 months = \$ _____
30 DAYS INCOME TOTAL ANNUAL HOUSEHOLD INCOME

4 By signing below, I certify that this application is true and accurate to the best of my knowledge, and that my household does not have income not represented in Section 3 of this application. I agree to provide additional documentation as requested by the YMCA to substantiate my financial assistance calculation. I acknowledge that charitable assistance is based on need and is provided in accordance with the guidelines set forth by the YMCA. In the event anyone in my household wishes to cancel their participation in YMCA programs/activities, I will contact the YMCA immediately so assistance may be redirected to others. I understand that falsification of this application may result in immediate termination of financial assistance and may disqualify my household from receiving financial assistance in the future. I also understand that I am responsible for paying fees at the normal rate until this request is reviewed and approved by YMCA Staff.

Applicant Signature _____

Date _____

FOR STAFF USE ONLY

Staff Signature: _____

% Awarded: _____

Date Received: _____ Effective Date: _____

Parent Fee: _____