



Request for Financial Assistance 2015

Member Information

Name: _____ D.O.B. ____/____/____

Address: _____ City, State, Zip: _____

Home Phone: ____ (____) _____

Business Phone: ____ (____) _____

Email

Address: _____

Gender Male Female

Place of

Employment: _____

Employment Status Full-Time Part-Time

Spouse Place of

Employment: _____

Spouse Employment Status Full-Time Part-Time

Dependents *(list all dependents living in your home)*

Name (last, first)	Employed (yes, no)	Gender	D.O.B.	Relationship

Type of Financial Assistance Requested

Adult Membership Family Membership Sports Camp Child Care

Explain why you would like to be considered for financial assistance for membership at the YMCA of the Coastal Bend.

Household Income *(please list all sources of household income)*

Wages (gross)

\$ _____ (monthly)

Child Support/Alimony

\$ _____ (monthly)

Social Security/ SSI

\$ _____ (monthly)

Government Assistance

\$ _____ (monthly)

Retirement

\$ _____ (monthly)

Other Income Sources

\$ _____ (monthly)

Total Income

\$ _____ (monthly)

Total Expenses

\$ _____ (monthly)

What Can You Afford At This Time?

\$ _____ (monthly)

Type of Documentation *(please attach documentation to application)*

Recent Paycheck Stubs (2)

Bank Statements (2)

Award Letters/ check stubs for: Unemployment, SSI, Pension/Retirement, Workman's Comp, Disability, TANF, Food Stamps

I have, in good faith, reported all family income sources in determining my Financial Assistance Rate.

Signature: _____ Date: _____

For Office Use Only

Verified Income Level:

\$50,001-\$60,000 \$40,001-\$50,000 \$30,001-\$40,000
\$15,001-\$30,000 <\$15,000

Monthly Approved Rate: _____ Percent: _____ Join Fee: _____ Expiration
Date: _____

Documents Verified Date _____

Staff

Signature _____

Please Note: Financial Assistance for each program must be applied for separately. Each sport must be applied for separately. Each camp must be applied for separately. If you are applying for financial assistance for membership, you will asked to resubmit your income verification documentation annually. Please contact Member Services @ 361-882-1741 if you have any questions. Thank you.