



the **Long Branch Area YMCA**
Financial Assistance Application

1304 S Missouri St * Macon, MO 63552 * 660-385-1818

Complete and attach a YMCA Membership Application and a copy of your most recent tax return to this Financial Assistance Application. Allow two weeks for processing.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

Family Members: #Adults _____ #Children _____
 (A family member must be claimed as a dependent on your tax return.)

Name(s) of person(s) to receive assistance:

- | | |
|--------------------|--------------------|
| 1. _____ age _____ | 5. _____ age _____ |
| 2. _____ age _____ | 6. _____ age _____ |
| 3. _____ age _____ | 7. _____ age _____ |
| 4. _____ age _____ | 8. _____ age _____ |

Are you a current YMCA member? Yes No

Have you ever received YMCA Financial Assistance? Yes No

This application is requesting financial assistance for: _____ annual membership _____ program fees

If assistance is requested for annual membership, circle which type: Youth Adult Family

If you do not file taxes, you are required to fill out this section. If you do file taxes, we will retain .

<u>Monthly Income from all sources:</u>		<u>Monthly Expenses:</u>	
Wages/salary/tips	\$ _____	Rent	\$ _____
Child Support	\$ _____	Utilities	\$ _____
State/Fed Assist.	\$ _____	Transportation	\$ _____
Other	\$ _____	Food	\$ _____
TOTAL INCOME	\$ _____	TOTAL EXPENSES	\$ _____

How much do you feel you can afford to pay towards the program? \$ _____

How much do you feel you can afford to pay on a monthly basis toward a membership? \$ _____

On the back of this application explain why you would like to be considered for Financial Assistance at the YMCA, please include any special circumstances.

I certify that the information on this application is true and complete to the best of my knowledge.

Signed: _____ Date: _____