



**JOPLIN FAMILY YMCA
Financial Aid Application**

For internal use only:
Date: _____ Amount: _____
Membership Card # _____

The Y believes that no person should be turned away because of inability to pay. Please complete this application and turn in with income verification paperwork for all adults living in the household.

Adult #1

Name _____
DOB _____
Age _____
Address _____
City/State _____
Zip _____
Phone _____
Employer _____

Employment monthly gross \$ _____
Unemployment monthly gross \$ _____
Disability monthly gross \$ _____
Social Security monthly gross \$ _____
Food Stamp monthly gross \$ _____
Child Support monthly gross \$ _____
AFDC/TANF monthly gross \$ _____
Other monthly gross \$ _____
TOTAL MONTHLY GROSS \$ _____

Adult #2

Name _____
DOB _____
Age _____
Address _____
City/State _____
Zip _____
Phone _____
Employer _____

Employment monthly gross \$ _____
Unemployment monthly gross \$ _____
Disability monthly gross \$ _____
Social Security monthly gross \$ _____
Food Stamp monthly gross \$ _____
Child Support monthly gross \$ _____
AFDC/TANF monthly gross \$ _____
Other monthly gross \$ _____
TOTAL MONTHLY GROSS \$ _____

Dependents under 23 living in household:

Name	DOB	Age	Sex	Relationship
1. _____				
2. _____				
3. _____				
4. _____				

Total number of people living in household: _____

What type of membership are you applying for?

Youth Teen Adult Household Senior Senior Family

I understand that the Joplin Family YMCA does not offer 100% financial assistance and that I will be responsible for paying a portion of the membership dues. The information I have provided on this form is correct, and I agree to provide additional documentation to verify household income if required.

Printed Name

Signature

____/____/____
Date