

BOONSLICK HEARTLAND YMCA

Applicant Information (Primary Wage Earner)							
Last Name:			First Name:				
Employer:		Employment Status:		Work Phone:			
Hourly Wage: \$		Avg. Annual Income: \$		# of Dependents:			
Applicant Information (Secondary Wage Earner)							
Last Name:			First Name:				
Employer:		Employment Status:		Work Phone:			
Hourly Wage: \$		Avg. Annual Income: \$		# of Dependents:			
Family Information							
Address:			City:		State:	Zip:	
Primary Phone:			E-Mail:				
List the Names and Ages of all Children and Adults NOT LISTED ABOVE living in your Household							
Name:		Age:		Name:		Age:	
Name:		Age:		Name:		Age:	
Name:		Age:		Name:		Age:	

Complete all Fields listed below

I am applying for Y Financial Assistance for (Check all that apply): Membership Programs Child Care*

Have you ever been a Member of the BHYMCA? Yes No If yes, when? _____

How much can you/your family afford for a Y Membership? \$_____.00/month (Mandatory)

Are there any facts or special circumstances you feel should be taken into consideration while processing this application?

NOTICE: Assistance is intended to be a source of help during times of financial hardship. The YMCA reserves the right to ask for updated/ current income documentation at any given time. In doing so, you will receive notice by mail asking you to resubmit a Financial Assistance Application along with copies of all updated proof of income for continued assistance.

_____ / /

Signature of Applicant **Date of Signature**

When applying for Y Financial Assistance for Child Care, a Missouri State Child Care Application/Eligibility Statement must be turned in with this Application and its required income documentation (listed below)

Application Guidelines

Once completed, this Application must be turned in with the following income documentation for ALL wage earners listed:

- Copy of your most recent 1040A Federal Tax Return OR your most recent paystub (one for each job if working multiple)
- Documentation of any additional income, such as (but not only) Food Stamps, Social Security or Child Support

Processing of Applications

Once submitted, processing of your application typically takes between 4-7 business days (special cases may take longer)
Once processed, the YMCA will contact you by phone or e-mail to notify you.

Staff Complete							
Application Reviewed by:			Date Processed:		Approved:	Denied:	
Rate of Assistance:		_____ %	Applicant Pays:		\$ _____ /month	Discount Exp. Date:	