



River Valley Regional YMCA
Financial Assistance Application

New Renewal (required every 6 months)

Williamsport Bradford Eastern Lycoming Jersey Shore Tioga

Applicant Information

Name: _____ Date of Birth: _____ Age: _____ Gender M F
 Phone Number: _____ Email Address: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Check One: Single Married Separated Widowed

List ALL persons living in household:

First Name, Last Name	Age	DOB MM/DD/YY	Gender	Relationship i.e. spouse, child, etc.	Employer/school
1. _____	_____	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
2. _____	_____	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
3. _____	_____	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
4. _____	_____	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
5. _____	_____	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

(Please attach another document if you need extra space for additional names.)

I am applying for:

- Membership _____
- Childcare (membership type)
- Summer Camp
- Programs _____
(program type)

Financial Information

Please list all monthly income, before tax. This includes all who reside in the household regardless of use of the Y.

Gross wages, salary & tips _____
 Spouses gross wages, salary & tips _____
 Other household gross wages, salary, & tips _____
 Unemployment Compensation _____
 Social Security (SSI & SSD) _____
 Retirement/Pension income (non SS) _____
 Child Support/Alimony _____
 Public Assistance _____
 All Other Income (interest, dividends) _____
 Total Monthly Household Income _____

Would you be willing to:

- Share your story
- Volunteer

YMCA Staff Use Only:

 Date Received: __/__/__
 By Whom: _____

How much can you afford toward your YMCA fee? \$ _____

For your application to be processed, you must provide proof of the last 30 days of income and a copy of your most recent tax return. Failure to attach will result in delay of processing. Scholarships will be processed within 7 days.

Signature of Applicant: _____ **Date:** _____

The information I have provided on this form is complete and correct and I agree to provide additional documentation upon request to verify need of financial assistance. I understand that the Y provides assistance to the extent that resources are available and the Y reserves the right to refuse assistance to any applicant. I also understand that my current Y account must be in good standing prior to this application being processed.