

**ROCKLAND COUNTY YMCA
APPLICATION FOR FINANCIAL ASSISTANCE**

Instructions:

Please read and fill out the application carefully. Illegible and/or incomplete applications cannot be processed. In order to serve the maximum number of people, those not responding to financial aid offers within the prescribed time will be assumed to be declining the offer.

All information contained in the Financial Assistance Application will remain confidential.

This request does not automatically constitute approval of assistance as awards are based on need, extenuating circumstance, and funds available. Assistance may take the form of reduced payments and/or a special payment schedule.

You may drop off your application at our office or mail your application to: Rockland County YMCA, 91 Washington Avenue, Suffern, New York 10901, attn: Financial Aid Office.

Name of Applicant _____ Age _____ Sex _____

Address _____
 Number Street Apartment #

Address _____
 City State Zip

Telephone: () _____ () _____

List names, occupations, and employers of household wage earners:

Name	Occupation	Employer

Name	Occupation	Employer

Assistance is for (Check one) Self Child (list name) _____

Please indicate if you are requesting assistance for membership or a program.

If membership, list the category _____

If program, state name _____

Amount you can pay _____ Amount requested _____

List any previous financial assistance you have received from this YMCA

Date _____ Amount Received _____ For _____

Date _____ Amount Received _____ For _____

Financial Information

Itemize monthly. Include information for you, your spouse, the father/mother of the child if different from your spouse.

Income/month
Wages, salaries, tips _____
Unemployment comp. _____
Social Security comp _____
Child Support _____
DSS _____
Food Stamps _____
401 K Retirement funds _____
Pension Funds _____
Alimony _____
Workman's Comp/disability _____
Tuition Assistance _____
Housing Allowance _____
Other _____

Expenses/Month
Rent/Mortgage _____
Utilities _____
Medical _____
Food _____
Clothing _____
Telephone _____
Car/Insurance _____
Alimony _____
Tuition _____
Child Support _____
Day Care Costs _____
Other _____

Total Income _____

Total Expense _____

You must attach a current pay stub, last year's Internal Revenue Service Tax statement and/or your SSI allocation statement to verify earnings.

If there are circumstances which you feel should be taken into consideration, please explain them fully below. (Examples might include: medical conditions, family responsibilities, unusual expenses etc. Please use another sheet of paper if needed.)

Please sign to certify that all of the stated information is correct to the best of your knowledge.

Print Name

Signature

Date