

Name \_\_\_\_\_  
Process Date \_\_\_\_\_  
Membership Type \_\_\_\_\_  
Payment Plan \_\_\_\_\_

Dear Applicant,

Thank you for applying for financial assistance. It is the mission of the Harrison County YMCA to serve all members of the community regardless of their ability to pay. Attached you will find the application to apply for financial assistance. Please fill out the application **COMPLETELY** and return to the Front Desk along with **proof of income and a letter stating why you would like assistance and how it would benefit you. Proof of income = one month of pay stubs.** You must report and verify all sources of income in the household including, Social Security, Disability, Public Assistance, etc.

Please allow two to three weeks for processing of this application. Any incomplete applications will not be held. If you fail to activate your membership within ninety days from the approved date, papers will be discarded and you must reapply. All applications will be held in the strictest of confidence.

If you have any questions regarding this application, please feel free to call me. At the Harrison County YMCA we build **Strong Kids, Strong Families, and Strong Communities.**

Funds are provided by the United Way and the YMCA "Invest-In-Youth" Campaign.

Sincerely,

Sue Golden  
Membership Secretary

sl



<b>FINANCIAL INFORMATION</b>						
<b>Individuals:</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>	<b>#5</b>	<b>Total</b>
<b><u>Income Sources</u></b>						
Monthly (Gross) Wages						
Social Security						
Disability Income						
Child Support						
Alimony						
Unemployment Compensation						
VA Benefits						
AFDC Public Assistance						
Food Stamps						
Workers Compensation						
Pension Income						
Pension Income						
Military Allotment						
Other Income (Please Explain)						
<b>Total:</b>						

Explanation of Other Income:

---



---



---



---

\*\*\* This form must be filled out **completely** in order for the application to be considered for assistance. **Monthly** verification of income listed above must be attached. (i.e. **One Month Pay Stubs or documentation from Social Security, Welfare Dept. etc. ) If in doubt about what you should submit, contact our office at 623-3303.**

\*Funds are provided by the United Way and the YMCA “Invest-In-Youth” Campaign.

**To the best of my knowledge, the information I have provided is true and accurate.** I understand that the YMCA has limited fee assistance funds. I am requesting only the amount needed. I also understand that if fee assistance is awarded and not used within a reasonable time, then the YMCA will withdraw the fee assistance.

**By signing below I give permission to the Harrison County YMCA to contact the income sources listed above for verification.**

\_\_\_\_\_

Applicant’s Signature

\_\_\_\_\_

Date