



YMCA OF GREATER BOSTON

Membership & Program Financial Assistance Application

Primary Member Name _____ **Date** _____ **Membership Number** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Date of Birth _____ **E-mail** _____

Phone Day _____ **Evening** _____ **Cell Phone** _____

Employer's Name & Address _____

Spouse's Name _____ **Date of Birth** _____

Spouse's Employer's Name & Address _____

Number of Dependent Children _____

| | | | |
|------------|---------------------------|------------|---------------------------|
| Name _____ | Date of Birth ___/___/___ | Name _____ | Date of Birth ___/___/___ |
| Name _____ | Date of Birth ___/___/___ | Name _____ | Date of Birth ___/___/___ |
| Name _____ | Date of Birth ___/___/___ | Name _____ | Date of Birth ___/___/___ |

Financial Assistance Requested For ___ Membership ___ Program Child Development/Billing use only: ___ Child Care ___ Camp

Do you have a disability? ___ Yes ___ No Nature of Disability (optional) _____

Your Gross Annual Salary \$ _____ **Spouse's Gross Annual Salary \$** _____ **Child Support \$** _____

Other Income (source & amount) _____

Housing ___ Own ___ Rent Monthly Mortgage/Rent \$ _____

Do you receive a housing subsidy? ___ Yes ___ No Amount per month \$ _____

List any special circumstances that affect your reason for need. _____

To qualify for financial assistance, submit the following documents for all individuals living in the household within 14 days of application:

- **Most recent year's tax form 1040**
- **Four current paycheck stubs or other proof of your current combined household salaries**
- **Proof of other income i.e. child support, social security benefits, etc.**

The information listed on this form is correct to the best of my knowledge. I understand that if I do not provide the required documentation within 14 days my membership rate will revert to the full rate. I understand that I must re-apply for financial assistance every 12 months from the date of this application. If I do not re-apply for financial assistance my fees will revert to the full rate.

Applicant Signature _____ Date _____

| FOR OFFICE USE ONLY | |
|--|--|
| Membership/Program Subsidy _____ % OPS Approval Date _____ Date entered in Spirit _____ | Child Care/Camp Subsidy _____ % Review Date _____ Date entered in Spirit _____ |
| <input type="checkbox"/> Called <input type="checkbox"/> Mailed <input type="checkbox"/> E-mailed confirmation Date entered in Spirit _____ Approved By: _____ Date _____ | |