



Greater Johnstown Community YMCA

We build strong kids, strong families, strong communities
100 Haynes Street, Johnstown, PA 15901 814-535-8381

www.johnstownpaymca.org

CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION

The YMCA is committed to serving people of all ages, races, religions and economic levels. By answering the following information, you will help to meet this goal. This information is kept confidential and will not be used for any other purpose.

Current Date: _____

Application : New Renewal

Name: _____ Phone No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Marital Status: Married Divorced Legally Separated Widowed Single

Place of Employment: _____ Work Phone No. _____

Spouse/ Child(ren)'s Names	Age	Birth Date	School/Employer

Family Size (Total number of members in family) _____

Financial Assistance Application is for:

Membership ___ Youth ___ Adult ___ College ___ Family ___ Senior

Program: _____

Child Care ___ Summer Camp ___ Counselor-in-Training

Other: _____

INCOME INFORMATION	
Wages, Salaries, and Tips	\$
Unemployment Compensation	\$
Social Security Compensation	\$
Child Support	\$
Food Stamps	\$
Alimony	\$
Other	\$
TOTAL MONTHLY INCOME	\$

Please submit copies of the following documents along with your completed application:

1. Most recently prepared Federal Income Tax return (1040 as well as all schedules and forms) or state Novice or Action.
2. Copies of most recent W-2's, and/or 1099-r's.
3. Most current paycheck stub.
4. If applicable, current SSI Benefits verification letter or payment stub.

Important: Your application will only be processed when ALL of the required forms have been received.

Please write a paragraph stating why you are requesting assistance:

I am submitting income verification with my application for financial assistance and certify that the above information is true and complete to the best of my knowledge.

Signature of Applicant

Date

Office Use Only

Name of Applicant : _____ Application Reviewed on: _____

Denied Reason: _____ Notified: _____

Approved: _____ Date: _____ Amount: \$ _____ Percentage Used : _____ Letter sent: _____