

**Tiffin Community YMCA**  
**FINANCIAL ASSISTANCE APPLICATION**

Confidential

**Please Print**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer \_\_\_\_\_

**\*Please list dependents if applying for a family membership**

Spouse	_____	Birthdate	_____ / ____ / ____	Sex	_____
Child	_____	Birthdate	_____ / ____ / ____	Sex	_____
Child	_____	Birthdate	_____ / ____ / ____	Sex	_____
Child	_____	Birthdate	_____ / ____ / ____	Sex	_____
Child	_____	Birthdate	_____ / ____ / ____	Sex	_____
Child	_____	Birthdate	_____ / ____ / ____	Sex	_____

**Are you applying for (please check one or both)**

\_\_\_\_\_ Membership Financial Assistance      \_\_\_\_\_ Program Financial Assistance  
 If membership, check which type  
 Youth \_\_\_\_\_ Adult \_\_\_\_\_ Family \_\_\_\_\_ Senior \_\_\_\_\_  
 If program, please name program \_\_\_\_\_

**Financial Information**

Monthly Household Income	Monthly Household Expenses
\$ _____ Monthly Gross Paycheck	\$ _____ Mortgage or Rent
\$ _____ Spouse's Gross Paycheck	\$ _____ Phone
\$ _____ Child Support	\$ _____ Water
\$ _____ Supplemental	\$ _____ Electric
(Housing, food stamps, social security, etc.)	\$ _____ Groceries
\$ _____ Other Income	\$ _____ Other Expenses
Description _____	Description _____
\$ _____ <b>Total Monthly Income</b>	\$ _____ <b>Total Monthly Expenses</b>

The Tiffin Community YMCA is a not-for-profit agency to all people regardless of age, race, religion, or ability to pay. Financial assistance will be granted to anyone who can demonstrate a verification need through recognized proof of income. **Valid proof of income must be provided before the application can be approved** (check stub, previous years tax returns etc.)

By my signature I am requesting assistance from the YMCA due to my personal circumstances. I certify that all information provided is correct and given my permission to the Y to contact my employer for salary information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Date Approved \_\_\_\_\_ Monthly Amount \_\_\_\_\_  
 Type of Membership \_\_\_\_\_