



YMCA of the Mid-Peninsula

APPLICATION FOR FINANCIAL ASSISTANCE

Name Birthdate Age

Address

City State Zip Code

Day Phone Evening Phone

Business/Company Name Occupation

Business Address

Email Address

Membership Hours & Category Requesting

- Full Hours or Select Hours
Cat. 1 One Adult 24-64
Cat. 2 Family (2adults w/children)
Cat. 3 Single Parent Family
Cat. 4 Young Adult 18-23
Cat. 5 Active Older Adult 65 & Older
Cat. 6 Youth 6-17

Program (Please specify):

How many adults in the household?
How many working adults in the household?
How many children are in the household?
Please list names and ages of children.

Input boxes for household information

Total household monthly Income before taxes \$

Other income including child support, parental support, AFDC, SSI, etc. Please list.

Table for listing other income with dollar amounts

Total monthly income: \$

For Office Use Only

Table with columns: Member Pays, YMCA Pays and rows: Initiation, Monthly Dues, Renewal Date, Percentage, Types, Comments

Please list any unexpected or out of the ordinary expenses that you may have, including medical expenses, special circumstances, etc.

Horizontal lines for listing unexpected expenses

How much can you afford to pay? \$ New Application Renewal - Member Number

I acknowledge, by my signature below, that all of the information on this form is accurate and complete, to the best of my knowledge.

Signature Date

***Remember to include appropriate tax information with this form.

YMCA of the Mid-Peninsula

To: Financial Assistance Applicants
From: YMCA Staff
Subject: Procedure for Financial Assistance

Thank you for your interest in YMCA programs. All people are welcome at the YMCA. Through a fee structure based on family size and income, YMCA programs are affordable to the entire community.

The following steps should be taken to apply for financial assistance:

1. Complete the financial assistance application and return it to the YMCA with all requested supporting information. If registering for a program, Please attach the registration form for the program.
2. Include a copy of your most current pay stub and 1040 tax form and your W2.
3. AFDC and SSI recipients must include a copy of disbursement voucher.
4. We realize that some individuals and families are subject to difficult situations and that requested documentation may not be available. Through conversation other options may be considered.
5. Upon return of your completed application, a YMCA staff member will contact you. YMCA staff will evaluate your current needs and determine the amount of assistance the YMCA can provide.

YMCA financial assistance is made available through the Current Community Support Campaign, United Way, Community Service organizations and private donations.

All requests for financial assistance will be held confidential.

Page Mill YMCA
755 Page Mill Rd. Bldg B
Palo Alto, CA 94304
(650) 858-0661

El Camino YMCA
2400 Grant Road
Mountain View, CA 94040
(650) 969-9622

Palo Alto Family YMCA
3412 Ross Road
Palo Alto, CA 94303
(650) 856-9622

Sequoia YMCA
1445 Hudson Street
Redwood City, CA 94061
(650) 368-4168

East Palo Alto YMCA
550 Bell Street
East Palo Alto, CA 94303
(650) 328-9622