



**For Office Use Only:**

% off Individual Membership \_\_\_\_\_ Date Received \_\_\_\_\_

% off Family/HH Membership \_\_\_\_\_ Approved By \_\_\_\_\_

% off Program Fees \_\_\_\_\_ Date Letter Sent \_\_\_\_\_

**FINANCIAL ASSISTANCE APPLICATION**

**1. APPLICANT INFORMATION:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_ Email \_\_\_\_\_

**2. FAMILY/HOUSEHOLD INFORMATION:** List all adults and dependents living in same household

First Name	Last Name	Relationship To Applicant	Birth Date (mm/dd/yyyy)	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Please continue on back of application if more lines are needed.

**3. REQUIRED DOCUMENTATION:** You must submit copies of ALL current proof of income in order for your application to be processed. Please enclose only copies (no originals) of documentations as all documentation you provide is destroyed after your application has been reviewed. Place a check mark in front of all sources of income.

**Applications WITHOUT ALL DOCUMENTATION will be denied and returned to applicant.**

- Employment
  - Federal Income Tax Return. Include copies of your most current filing year (1040, 1040A, etc). **W-2s are not accepted.** If you are self-employed or own a business include Schedule C. If you do not have a copy of your return, you can get one by calling the IRS at 800-829-1040 or visit their website at [www.irs.gov](http://www.irs.gov).
- AND**
- 2 Current Paycheck Stubs from each adult in household (must list gross income).
- Unemployment
- Disability
- SSI/Social Security
- Government Assistance
  - Food Stamps/SNAP (EBT Cards are not accepted. Must list dollar amount you are receiving on a monthly basis).
  - ADC
  - Housing Assistance (Must list the amount you are paying plus the amount paid by assistance program).
  - Foster Care/Ward of the State (Will be reviewed based on Guardians total gross annual income and compensation received for care).
- Child Support/Alimony
- Student Loans - only if used for living expenses.
- Trust Funds/IRA's/Pension/Retirement Income
- Parental Support - If you are being claimed as a dependent by your Parents/Guardians on their Federal Income Tax return, your application will be reviewed based on the combination of both you and your Parents/Guardians total gross annual income. Please include a copy of your Parents/Guardians Federal Income Tax Return.
- Other monetary support and/or room and board from additional sources not previously listed

**4. FINANCIAL RESOURCES:** All submitted income verification must have the dollar amount that you are receiving on a monthly basis. If you do not have this information, contact your employer or caseworker before submitting your application.

Monthly Gross Income	Applicant	2 <sup>nd</sup> Adult
Wages/Salary	\$	\$
Unemployment	\$	\$
Disability	\$	\$
SSI/Social Security	\$	\$
Food Stamps/SNAP	\$	\$
ADC	\$	\$
Housing Assistance	\$	\$
Foster Care/Ward of the State	\$	\$
Child Support/Alimony	\$	\$
Student Loans	\$	\$
Trust Funds/Retirement Income	\$	\$
Parental Support	\$	\$
Other Income/Support	\$	\$
<b>Total Annual Income</b> (Total Monthly Income x 12)	\$	\$

**5. APPLICANT SIGNATURE:**

I certify that the above information is true & complete and that I do not have additional income. If my application is incomplete my application will be denied and returned to me. It is my responsibility to return the application with all required information and documentation for further consideration. If I choose to become a YMCA member, I understand I will be required to set up a payment plan to pay for my membership.

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

**6. PROCESSING:**

Completed applications with all required documentation will be reviewed within 10 working days. Due to the large number of applications being processed, please refrain from calling to check on the status of your application. Instead, email me at [dkollars@ymcalincoln.org](mailto:dkollars@ymcalincoln.org). Please note that applications without proper documentation will be mailed back to you.

**Mail, fax or email completed application and documentation to:**

Lincoln YMCA Administrative Office Attn: Dana Kollars  
 570 Fallbrook Blvd Suite 210, Lincoln, NE 68521  
 Fax 402-434-9208 / Phone 402-434-9207 / [dkollars@ymcalincoln.org](mailto:dkollars@ymcalincoln.org)