



FINANCIAL ASSISTANCE APPLICATION FOR RENEWAL

Please complete this confidential renewal application, attach to required financial information and return to Member Services at least two weeks prior to your expiration date on your letter.

Name _____ DOB _____

Spouse _____ DOB _____

Home Phone _____ Cell _____ Email _____

Address _____

City/State/Zip _____

Place of Employment _____

Place of Spouse's Employment _____

Additional Family Members :

Dependent's Name:	Relationship	Date of Birth

PROOF OF INCOME: (Application will NOT be processed without proof of income. Please include the following documents for all adults on the account.)

- Last years Federal IRS 1040 Form (must be submitted with initial application, as well as submitted annually)
- Most recent pay stubs (two for each adult)
- Other documentation (i.e. Unemployment, Social Security)

(If you do not have a copy of your most recent tax return or did not file income taxes last year, you may obtain a copy of your most recent taxes or a letter of verification by calling the IRS at (800) 829-1040 or at www.irs.gov)

MONTHLY GROSS INCOME (PRE-TAX):

Wages, Salaries and Tips	\$ _____	Food Share	\$ _____
Unemployment Compensation	\$ _____	Social Security Benefits	\$ _____
401 K/Retirement Funds	\$ _____	Other Income	\$ _____
Child Support	\$ _____	Total Monthly Income	\$ _____

Financial assistance requested for: Membership Camp Program Preschool

Branch: Janesville Parker

PLEASE READ CAREFULLY AND SIGN

In completing this application and signing it, I certify that all the information supplied to the YMCA is true, accurate and complete to the best of my knowledge.

I am also aware that it is my responsibility to notify the YMCA, in writing, of any change in information supplied in this application, such as income, address, phone number or other matters which might affect my eligibility for financial assistance.

Signature of Applicant _____

Date _____

For more information, please contact:

Tina Rogstad at trogstad@ymcajanesville.org or at (608) 754-9622 ext. 117.

WHAT IS YOUR Y STORY?

Please take a minute to tell us how the Y has impacted you and/or your family:

Would you be willing for us to share your story in upcoming publications? Y or N

YMCA STAFF USE ONLY

ADJUSTED GROSS INCOME:

Annual Gross Income

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Adjusted Gross Income

ASSISTANCE:

Membership: _____ %

Participant Payment \$ _____ per month

Program: _____ %

Participant Payment \$ _____ per month

Childcare: _____ %

Participant Payment \$ _____ per month