



Upland YMCA
Financial Assistance Application
Date Submitted _____

PARTICIPANTS LAST NAME _____ **Age** _____ **Sex** _____

PARENT'S LAST NAME _____

HOUSEHOLD INFORMATION

Head of Household _____ **Age** _____ **Sex** _____
 Address _____ **State** _____ **Zip** _____
 Phone (Home) _____ (Work) _____ **Ext.** _____
 Social Security Number _____ **DL Number** _____
 Occupation _____
 Name of Employer _____ **Address** _____

TOTAL NUMBER OF PERSONS RESIDING IN THE HOUSEHOLD

- a. Total number of children in household _____
- b. Total number of adults in household _____
- c. Total persons residing in the household (a + b) _____

(You must provide us with a copy of every child's birth certificate and a copy of every adult's driver's license card which must match the address above, in order to claim total number of persons residing in household)

MARITAL STATUS OF PRIMARY ADULT

Single Married (living w/spouse) Married (spouse absent) Divorced
 Legally Separated Widowed

SPOUSE OR CONTRIBUTING ADULT _____ **Age** _____ **Sex** _____

Living in the same household? Yes No
 Social Security Number _____ **DL Number** _____
 Occupation _____ **Address** _____
 Name of Employer _____ **Phone** _____

PARTICIPANTS DEMOGRAPHIC INFORMATION

These questions are asked for affirmative action research only and will NOT in any way affect your participation in our financial assistance programs. Your response to this section is voluntary.

Ethnic Background of Participant: (please circle one)

- a. Caucasian (non-Latino)
- b. African American
- c. Latino
- d. Asian/Pacific Islander
- e. American Indian
- f. Filipino
- g. Other

FINANCIAL INFORMATION

PUBLIC AID: Do you receive any State, Federal, Food Stamps or Medical Aid? _____
If so, please state which? _____
Case Number _____
Have you applied to GAIN? _____ PUSD? _____
Any other alternative payment plan? _____

INCOME (Total Household)

Please provide us with gross income information on **ANYONE** (including roommates) residing within your household. Attach your most recent **TWO** pay stubs or other proof of income, including federal, state, or county aid grants for each person. **Attach prior year tax form**

- A. Monthly Gross Wages (Before Withholdings) \$ _____
- B. Monthly Child Support \$ _____
- C. Monthly Alimony \$ _____
- D. Monthly Public Assistance AFDC \$ _____
Food Stamps \$ _____
- E. Social Security Income \$ _____
- F. Unemployment \$ _____
- G. Other Income \$ _____

TOTAL MONTHLY INCOME \$ _____

Are you paid: Weekly ___ Bi-Weekly ___ Semi-Monthly ___ Monthly ___

Please list any other significant information that might be helpful in determining your financial assistance needs: _____

If you are a student, please attach a copy of proof of enrollment

I hereby declare that the information provided is accurate and agree to supply additional information if requested. I understand that falsification of information submitted will result in discontinuation of services provided and could require repayment of full fees. I authorize the YMCA to verify the above information.

I also agree that payment of the YMCA services will be made by the applicant of this Financial Assistance form. If payment is made by any other person not listed on this form, the full program fees will be required.

All information provided herein will be kept confidential.

Signature of Applicant Date

Please note that all financial assistance process **MUST** be completed prior to the start of programs. All program fees are due prior to the start of programs.

