

FINANCIAL ASSISTANCE APPLICATION – MEMBERSHIP AND PROGRAM

CUMBERLAND COUNTY YMCA

PORTLAND BRANCH ♦ 70 FOREST AVE. ♦ PORTLAND, ME 04101 ♦ 207-874-1111 ♦ FAX 207-874-1114
CASCO BAY BRANCH ♦ 14 OLD S. FREEPORT RD. ♦ FREEPORT, ME 04032 ♦ 207-865-9600 ♦ FAX 207-865-0484
PINELAND BRANCH ♦ 25 CAMPUS DRIVE ♦ NEW GLOUCESTER, ME 04260 ♦ 207-688-2255 ♦ FAX 207-688-4700

I AM APPLYING FOR:

Membership Only Membership & Program Program Only (Program Name: _____)

TYPE OF MEMBERSHIP (IF APPLICABLE): NEW RENEW (Membership # _____)
 Youth Program Youth Adult Single Adult with Family Family

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____

If under 18 years old, please print name of Parent/Guardian: _____

Do you share expenses with anyone else in your household (ie spouse, partner, roommate, family)? Yes No

Total number of dependents living in your household: _____

Are you a full time student? Yes No If yes, where do you attend school? _____

APPLICANT PAYMENT INFORMATION

For your reference, the full cost of our memberships are:

Youth Program: \$50/year; **Youth:** \$20/month **Adult:** \$49/month **Single Adult with Family:** \$61/month **Family:** \$74/month
One-Time Joiners Fees → **Youth:** N/A **Adult:** \$45 **Single Adult with Family:** \$60 **Family:** \$60

What amount do you feel you can pay for your membership per month and/or program?

I can afford to pay \$ _____ per month toward a membership and \$ _____ toward joiners fee

I can afford to pay \$ _____ per session per week (child care and day camp)

FOR OFFICE USE ONLY

Application received: ____/____/____ Application reviewed: ____/____/____ Applicant Notified: ____/____/____

Annual Income: \$ _____ Percentage Member Qualifies for: _____% (To be entered into MemberST)

Total Membership: \$ _____ Financial Assistance Amount: \$ _____ Member to Pay: \$ _____

Total Joiner's Fee: \$ _____ Financial Assistance Amount: \$ _____ Member to Pay: \$ _____

Total Program Fee: \$ _____ Financial Assistance Amount: \$ _____ Participant to Pay: \$ _____

Amount Paid: \$ _____ Approval notes (with percentage) put into MemberST (yes/no): _____

Notes: _____

Staff Name: _____ Staff Initials _____

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The dollar amount of your portion of membership dues will be determined by the YMCA using a sliding scale that is based on your **gross** income (your pre-tax income), as well as your comments. All financial assistance applications are reviewed on an individual basis. Applications will be reviewed annually.

EMPLOYMENT INFORMATION

NOTE: If applying for a youth (membership or program), this information pertains to the parents/guardians of the youth applying

1. Your Employer _____ Work phone _____
 Position _____ Length of employment _____
 Gross Monthly Income (NOTE: please attach the last two paycheck stubs) \$ _____
 Pay Period: Weekly Every Other Week Twice Per Month Monthly Other: _____
2. Spouse/Partner's Employer _____ Work phone _____
 Position _____ Length of employment _____
 Gross Monthly Income (NOTE: please attach the last two paycheck stubs) \$ _____
 Pay Period: Weekly Every Other Week Twice Per Month Monthly Other: _____

INCOME/EXPENSE WORKSHEET – PLEASE INCLUDE ALL HOUSEHOLD INCOME

NOTE: If applying for a youth (membership or program), this information pertains to the parents/guardians of the youth applying

INCOME – PLEASE INCLUDE VERIFICATION OF ALL INCOME (eg last two paystubs and/or a statement of government funding, etc)	EXPENSES
Your gross monthly income \$	Monthly Rent/Mortgage/Taxes \$
Spouse/Partner's gross monthly income \$	Auto Loan \$
Social Security/Disability \$	Utilities \$
Child Support \$	Phone \$
AFDC/TANF \$	Food \$
Food Stamps \$	Other (please explain) \$
Unemployment/Other \$	Other (please explain) \$
Total Monthly Income \$	Total Monthly Expenses \$

If you have no income, how are you meeting expenses? _____

Are there any extenuating circumstances that we should know about when reviewing your paperwork? _____

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the financial assistance program.

Signature _____ Date _____
 Signature _____ Date _____

Of parent/guardian if applicant is under 18 years old

INCOMPLETE FORMS WILL BE RETURNED TO THE APPLICANT

APPLICATIONS ARE APPROVED FOR ONE YEAR. UNCLAIMED APPLICATIONS WILL BE KEPT ON FILE FOR SIX MONTHS.