



Financial Assistance Application

The YMCA of Greater Seattle provides financial assistance to the extent possible to those in need. Proof of Income is required and eligibility is determined by comparing your gross annual household income to the Housing & Urban Development (HUD) Income Guidelines for King County. We also take into consideration the number of people supported by your income. Once submitted, your application will be reviewed and you will be notified within one week. Assistance will be granted on a first come, first serve basis. Assistance will be granted for a maximum of one year for membership or the length of the session for programs. You can reapply

PARENT OR GUARDIAN					
Legal First Name		MI	Legal Last Name		
How would you like to receive your award notification? <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Email					
Address		Apt	City/State		Zip
Phone Number		Primary Email:			
INCOME VERIFICATION					
Household Monthly Income			Applicant		2 nd Adult
	Monthly Income (include all sources including assistance and child support)		\$	\$	
	Number of Adults supported by above income: _____ Number of children supported by above income: _____				
Attach the Following Documents	If there are two adults in the household, documents must be provided for both adults to verify the income listed above.				
	<input type="checkbox"/> Outdoor Leadership Program Application <input type="checkbox"/> One of the following income verifications: <input type="checkbox"/> Federal Income Tax Filing for previous year (W2 forms do not qualify) <input type="checkbox"/> Two months of paycheck stubs <input type="checkbox"/> Current SSA/Social Security Retirement Documents <input type="checkbox"/> Current Statement of award or benefits for TANF, SSI, GAU or other public assistance <input type="checkbox"/> Most recent unemployment check stubs				
I certify that the above information is true and complete to the best of my knowledge. I understand the above agreement and my obligations.					
I further understand that the YMCA's policy for payment applies to this agreement.					
OFFICE ONLY					
Program Assistance: Financial Aid for BOLD/ GOLD Programs					
Program:	Metrocenter YMCA: Outdoor Leadership Programs				
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Assistance Amount:		Adjustment Code:
Approved by:			Participant Pays:		Assistance Expires:
Payment Schedule:	Date	Amount	Date	Amount	Contacted: <input type="checkbox"/> Letter <input type="checkbox"/> Phone Call <input type="checkbox"/> Email
					Notes: