

## Sponsorship Appointments

The following **must** be submitted with the application

- \* **2 current pay stubs** for every person in the household
- \* **1040 OR W2** from last Tax year
- \* Copy of child support history
- \* Any other type of income that everyone in the household receives:
  - \*Unemployment
  - \*Work Comp
  - \*Disability
  - \*Pension
  - \* Social Security (all types)
  - \*Public Aid (any type)

**Sponsorship is based on household income.**

**Telephone #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Please return a "THANK YOU" note to the Sponsors.**

# CANTON FAMILY YMCA APPLICATION FORM FOR MEMBERSHIP/PROGRAM FINANCIAL ASSISTANCE

Purpose: The Canton Family YMCA provides financial assistance in the form of reduced fees for memberships for those who qualify. Assistance is granted on the basis of financial need. Determination of assistance is based on information you provide on this form and in your personal interview. Memberships are granted for a period of one year unless otherwise indicated.

NEW MEMBER \_\_\_\_\_ RENEWAL \_\_\_\_\_ DATE \_\_\_\_\_ Phone \_\_\_\_\_

Head of Household's Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Spouse's Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Number in Household    Adults \_\_\_\_\_    Youth \_\_\_\_\_

Please list all who reside in your in your household (names & birthdates)


Head of Household's Place of Employment:

Company \_\_\_\_\_ Phone \_\_\_\_\_

If unemployed, where did you last work and when? \_\_\_\_\_

Are you on temporary layoff? \_\_\_\_\_ Permanent layoff? \_\_\_\_\_

Spouse's Place of Employment:

Company \_\_\_\_\_ Phone \_\_\_\_\_

If unemployed, where did you last work and when? \_\_\_\_\_

Are you on temporary layoff? \_\_\_\_\_ Permanent layoff? \_\_\_\_\_

What benefits do you see in having a YMCA membership \_\_\_\_\_

\_\_\_\_\_

What circumstances make it necessary for financial assistance? \_\_\_\_\_

\_\_\_\_\_

What areas of the YMCA are you interested in? \_\_\_\_\_

How did you learn of our financial assistance program? \_\_\_\_\_

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**FINANCIAL INFORMATION**

**MONTHLY INCOME OF EVERYONE IN HOUSEHOLD:**

Wages, salaries & tips \_\_\_\_\_ Unemployment \_\_\_\_\_

Social Security \_\_\_\_\_ Supplement Soc. Security \_\_\_\_\_

Child Support \_\_\_\_\_ Aid to Dependent Children \_\_\_\_\_

Food Stamps \_\_\_\_\_ Alimony \_\_\_\_\_

Foster Child Care \_\_\_\_\_ Other \_\_\_\_\_

Total family income as reposted on last year's 1040 \_\_\_\_\_

If you have no income, how are you paying your monthly expenses \_\_\_\_\_

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**EXPENSES PER MONTH**

Housing \_\_\_\_\_ House/renter insurance \_\_\_\_\_

Auto \_\_\_\_\_ Auto Insurance \_\_\_\_\_

Gasoline \_\_\_\_\_ Utilities \_\_\_\_\_

Water \_\_\_\_\_ Phone home/cell \_\_\_\_\_

Food \_\_\_\_\_ Credit Cards \_\_\_\_\_

Medical \_\_\_\_\_ Medical Insurance \_\_\_\_\_

Installment payments \_\_\_\_\_ Alimony \_\_\_\_\_

Child Support \_\_\_\_\_ Other/cable/internet \_\_\_\_\_

**All information given to the best of my knowledge is correct and  
may be verified by the Canton Family YMCA.**

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**YOU MUST PROVIDE A COPY OF LAST YEAR'S 1040 INCOME TAX FORM AND TWO  
CURRENT COPIES OF PAY CHECK STUBS.**

**THESE COPIES MUST BE SUBMITTED BEFORE YOUR APPLICATION WILL BE  
CONSIDERED.**