



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

FINANCIAL ASSISTANCE PROGRAM

Everyone is welcome



The Y welcomes all who wish to participate and believes that no one should be denied access based on their ability to pay. Through our Financial Assistance Program, we provide assistance to youth, adults, and families based on individual needs and circumstances.

The YMCA of the Foothills is an association of members open to all. Those facing economic hardship will be accommodated as resources are available to do so. Those requesting support are asked to provide documentation of financial need. All personal and financial information submitted to the Y for the purpose of accommodating fees is strictly confidential.

YMCA of the Foothills Membership Rates

FAMILY	2 Adults + Children	\$100 Joining Fee	\$132 Monthly
YOUNG ADULT	21 - 25	\$30 Joining Fee	\$54 Monthly
ADULT	26 - 64	\$60 Joining Fee	\$88 Monthly
YOUTH	14-20	\$25 Joining Fee	\$42 Monthly
SENIOR	65+	\$30 Joining Fee	\$72 Monthly

ymcafoothills.org/membership

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Guidelines and Request Process

PERSONAL INFORMATION

Head of Household Name _____ Phone _____

Address _____

City _____ State _____ Zip _____ Email _____

What Type of Membership and/or Program(s) _____

DEPENDENT INFORMATION

List names and dates of birth for all individuals residing in the household who share living expenses, including head of household:

Name _____ D.O.B. _____ Name _____ D.O.B. _____

Name _____ D.O.B. _____ Name _____ D.O.B. _____

Name _____ D.O.B. _____ Name _____ D.O.B. _____

Name _____ D.O.B. _____ Name _____ D.O.B. _____

FINANCIAL INFORMATION

List gross monthly income from all sources for individuals 18 and older:

Wages _____ Food Stamps _____ Unemployment _____

Cash Aid _____ SSI/SSA _____ Child Support _____

Alimony _____ Section 8 _____ Misc/Other _____

Total Annual Household Income _____

PLEASE INCLUDE TWO OF THE FOLLOWING DOCUMENTS

- Most recent 1040 Federal Tax Form(s), first page only
- Documents showing government assistance being provided.
- 3 Months Bank Statements

I have verified the following documents:

Signature _____

Date _____

I declare that all information contained in this request is accurate.

Signature _____ Date _____

FA applications are valid for 1 year and must reapply.