



Y-Assist Application

Please provide the following proof of income: a current tax return, last paycheck stub and any other proof of income. This information is used to determine the level of assistance that will be awarded by the YMCA of the Pikes Peak Region for reduction. All information remains confidential. Recipients are asked to reapply annually based on their current information. Please return completed form, a copy of your current tax return and most recent pay stub to the YMCA.

Last Name: _____ First Name: _____ M.I.: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Employment Status: Full Time Part Time Unemployed Retired Disabled

Marital Status: Single Married Separated Divorced Widowed

Membership Type:

- Youth Senior Citizen
- Young Adult One Adult Household
- Adult Two Adult Household

Available Only at the Downtown Family YMCA:

- Men's Membership Plus Men's Plus and Household*
- Women's Membership Plus Women's Plus and Household*
- Men's Plus and Children Two Adult Household Membership Plus
- Women's Plus and Children

Program _____

*Includes regular membership for additional adult and children living in the same household.

Family Members—listed as dependents on tax return: (Please list additional members on the back)

First Name: _____ M.I.: _____ Last: _____ D.O.B.: _____ Relationship: _____

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Income:

\$ _____ Gross Monthly Income

\$ _____ Spouse's Gross Monthly Income

\$ _____ Child Support

\$ _____ Aid to Dependent Children

\$ _____ Welfare (submit copy)

\$ _____ Food Stamps

\$ _____ Other: _____

\$ _____ Total Monthly Income

\$ _____ Annual Gross Household Income

Income-based level _____

Expenses:

\$ _____ Rent/Mortgage (circle one)

\$ _____ Auto Loan

\$ _____ Phone

\$ _____ Child Support

\$ _____ Medical

\$ _____ Child Care

\$ _____ Other: _____

\$ _____ Total Monthly Expense

Additional information you would like to be considered:

I Pledge that this rate accurately represents my total household income and ability to pay. I understand that I will be asked to provide proof of income and that management may revoke the co-payment and require me to pay the full monthly rate.

Name of Member: _____ Date: _____

Signature of Member: _____ Name of YMCA Staff Member: _____

For Official Use Only

Type of Membership	%Participant Pays	Monthly Fee	New Member Fee	Review/Expiration Date
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Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Last Name: _____ First Name: _____ M.I.: _____ Member I.D.: _____ Join Date: _____