

How to use this form:

1. Complete the Family YMCA at Tarrytown Financial Assistance Application on the reverse side of this brochure.
2. Submit **copies** of the following documents with the application:
 - Most recent 1040 Federal tax return
 - Two most recent pay stubs
 - Proof of public assistance
 - Brief letter stating how YMCA membership & activities would benefit you
3. Return all of the above (including this form) to:

Family YMCA at Tarrytown
Attn: Financial Assistance Program
62 Main Street
Tarrytown, NY 10591

What happens next:

1. Processing your application and forms usually takes about 30 days.
2. The YMCA will send you a letter to verify that your application has been approved.
3. Bring the verification letter with you whenever you sign up for a YMCA membership or program.
4. Assistance is granted for 1 year, at which time you may complete another application. (Reminder notices will not be sent).

YMCA office use only:
 Date received: _____
 Income Tax Returns: _____
 Two pay stubs: _____
 Other income verification: _____
 Percentage given: _____
 Approved by: _____
 CEO Approval: _____

Membership and Program Information

___ First Time Applicant ___ Renewal Applicant

Please check one of the **membership** options below:

Preschool (Infant to 5 years) _____
 Youth (6 to 14 years) _____
 Teen (15 to 18 years) _____
 Young Adult (19 to 24 years) _____
 Adult (25 to 61 years) _____
 Family (up to 2 adults, children under 18 years) _____
 Senior (62 + years, 2 adults) _____
 Senior Family (Adults 62 + years) _____


Please check which **programs** you are requiring assistance for:

Childcare Programs **check all that apply:**
 Preschool (Nursery School) _____ After School _____
 Day Longs _____ Vacation Camps _____
 Summer Camp _____

Aquatics Programs **check all that apply:**
 Preschool Swim Lessons _____ Youth Swim Lessons _____
 Swim team _____
 Dance: _____

I authorize the YMCA to verify that the information provided is correct. I agree to inform the YMCA immediately of any changes. I understand that false or incomplete information could jeopardize my financial assistance. Please sign and date this application on the line below:


YMCA Mission



The Family YMCA at Tarrytown is dedicated to serving a diverse community and building spirit, mind, and body for all through a unique combination of childcare, fitness, cultural and adult male residential programs, regardless of ability to pay.

**The Family
 YMCA
 at Tarrytown
 is for
 everyone**

**Financial
 Assistance**



**62 Main Street
 Tarrytown, NY 10591
 (914) 631-4807
www.ymcatarrytown.org**

YMCA Financial Assistance Application

Application must be filled out completely.

Please print clearly and include all required copies of paperwork listed on the reverse side of this form.

Applicant Information

Last Name:	First Name:	Home Telephone:	
Address:		Apt #:	
City:	State:	Zip Code:	Social Security Number::
Employer:		Business Telephone:	
Spouse/Partner Name:	Employer:	Business Telephone:	Social Security Number:

All Individuals Living in Household (List all children and adults living in your household; if you need more space, please list on a separate piece of paper)

Name:	Date of Birth:	Employed: (YES or NO)
1.		
2.		
3.		
4.		

Monthly Household Income

Household Wages:	
Alimony:	
Child Support:	
Public Assistance:	
All Other Income:	
Total Monthly Income:	

Please be sure to
complete both sides
of this application.
Thank you!