



Eligibility expires January 1 of each year. In order to receive subsidized program services, you must reapply.

ELIGIBILITY APPLICATION FOR SUBSIDIZED PROGRAM SERVICES

(All information is confidential)

Program: Day & Sports Camps Youth Sports Swimming Parent/Child
 Pre-Natal Exercise Specialty Programs (Personal Training, Private Yoga Sessions) Childcare

Applicant/Parent Name _____

Spouse's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____

Household information- A Household means a group of related or non-related individuals who are living as one economic unit and sharing living expenses. Living expenses include rent, clothes, food, doctor bills, light, heating etc.

of people living in home: _____

Names of dependent children:

Others living in household/relationship: _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Is applicant/parent employed? Yes No Is spouse employed? Yes No

Applicant/Parent Employment Information

Employer Name _____ Phone _____

Employer Address _____ City/Zip _____

Spouse/Others in Household Employment Information

Employer Name _____ Phone _____

Employer Address _____ City/Zip _____

Employer Name _____ Phone _____

Employer Address _____ City/Zip _____

Income Status: Please list info based on monthly income information. Verification of all income must be submitted with the application. For example, copies of most recent check stubs, most recent year's 1040 Tax Return Receipt, child support payment statements, Social Security Benefits Schedule. **Include all information.** **Applications will be returned if incomplete.**

Gross Monthly Household Income:

***A Household means a group of related or non-related individuals who are living as one economic unit and sharing living expenses. Living expenses include rent, clothes, food, doctor bills, light, heating etc.**

Wages _____

TANF _____

SSI _____

SSD..... _____

Unemployment _____

Child Support _____

Alimony..... _____

Other.. _____

MONTHLY TOTAL.... ..

All information on this application is true and correct and may be verified.

Signature

Date

----- FOR YMCA USE ONLY -----

Comments _____

Approved Yes No

Eligibility Determined _____

Date Processed _____

By _____ Date _____

Applicant Notified:

Postcard- Other- Telephone