



Malden YMCA Financial Assistance Membership Application

Date _____ Name of Applicant _____

Name of Guardian If younger than 18 _____

Address _____

Telephone _____

Employer Name and Address _____

Work Phone _____

of Adults in Household _____ #of Children in Household _____

Annual Household Income _____ (Income verification required for all adults in household)

Please check appropriate membership category:

- Single Adult 1 Adult Family 2 Adult Family 2 Adult Couple
- Teen (13-18) Youth (8-12) Preschool (3 mos-7yrs)

Please submit your last year's tax return* and any of the following items that apply:

1. Verification of current salary (Employer letter or two most recent paycheck stubs)
2. Income Statement from Social Security, Unemployment, TANIF, AFDC, or Child Support
3. Separation notice from employer
4. Food stamp income verification
5. Income Statement from Transitional Assistance
6. Documentation of Subsidized Housing

*Please check this box if you are not legally required to file taxes

Applications without documentation will not be considered.

Assistance for children under the age of 18 will be based on the financial information of the legal guardian.

Please indicate which of the following items you or any member of the household receives:

	Monthly Amount
<input type="checkbox"/> Welfare	_____
<input type="checkbox"/> Food Stamps	_____
<input type="checkbox"/> Social Security	_____
<input type="checkbox"/> Aid to Families With Dependent Children (AFDC)	_____
<input type="checkbox"/> Child Support/Alimony	_____
<input type="checkbox"/> Unemployment	_____

The Malden YMCA makes every effort to expedite the scholarship application process. Applications will only be processed upon the receipt and verification of the information listed above. I verify that all information submitted is accurate.

Signature _____ Date _____

Administration only

Membership Category _____ Approved by: _____ Date _____

%Assistance _____ Asst. amount \$ _____ Join Fee Waived \$ _____ Tot Asst \$ _____

Total due \$ _____ per year Monthly Payment \$ _____

Notes: