



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ASSOCIATION CHILD CARE FINANCIAL ASSISTANCE APPLICATION

Application must be filled out completely. Please print clearly.

Required with application: Copy of each applicant's most recent pay check and/or most recent tax return.

## HEAD OF HOUSEHOLD

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Employment Status:  Full Time  Part Time  Unemployed  Retired  Disabled

Place of Employment: \_\_\_\_\_ If Military, Rank \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Number of Dependents: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## SPOUSE/SECOND ADULT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Employment Status:  Full Time  Part Time  Unemployed  Retired  Disabled

Place of Employment: \_\_\_\_\_ If Military, Rank \_\_\_\_\_

## LIST ALL DEPENDENTS

Name (First/Last)	Relationship	Date of Birth	Age	Sex
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

## GROSS MONTHLY HOUSEHOLD INCOME

(Please include all gross income, i.e. wages, unemployment, government assistance, child support, etc.)

\$ \_\_\_\_\_

Additional information you'd like to be considered: \_\_\_\_\_

## ASSISTANCE REQUESTED

- Before and After-School Child Care
- School's Out Days
- Winter/Spring Break Camp
- Day Camp

Location: \_\_\_\_\_

## RELEASE

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change to my financial situation, income, or family size. I understand that completing this application does not guarantee financial assistance. The YMCA awards assistance based on policy, and their ability to fund the amount requested. I understand that false information could jeopardize any opportunity for YMCA assistance.

Signature of Applicant (Parent/guardian if under 18) \_\_\_\_\_

Date \_\_\_\_\_

I would like information regarding low or no cost health coverage for my child and/or my family.

## FOR OFFICIAL USE ONLY

%Participant Pays \_\_\_\_\_ Monthly Fee \_\_\_\_\_ Approved By \_\_\_\_\_ Review/Expiration Date \_\_\_\_\_