

# Financial Assistance Application

<b>For Office Use Only</b>		<b>Staff Receiving</b> _____	<b>Date</b> _____
<input type="checkbox"/> New Applicant	<input type="checkbox"/> Renewal	<input type="checkbox"/> Current Member	<input type="checkbox"/> Tax Form Attached
Type of Membership <input type="checkbox"/> Adult <input type="checkbox"/> Family <input type="checkbox"/> Youth		<input type="checkbox"/> Payroll Stubs (2)	<input type="checkbox"/> Approved
Program _____		<input type="checkbox"/> Other Income Verification	<input type="checkbox"/> Denied

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a full-time student?  Yes  No If yes, where \_\_\_\_\_

Are you married?  Yes  No Total Number of Dependents \_\_\_\_\_

Is spouse a full-time student?  Yes  No

Have you ever applied for Financial Assistance at any other YMCA location?  Yes  No

If yes, where \_\_\_\_\_

List names (last names too, if different from applicant) and ages of all persons in the household. Your household includes all the dependents you claim on your federal income tax return.

- |          |           |          |           |
|----------|-----------|----------|-----------|
| 1) _____ | Age _____ | 5) _____ | Age _____ |
| 2) _____ | Age _____ | 6) _____ | Age _____ |
| 3) _____ | Age _____ | 7) _____ | Age _____ |
| 4) _____ | Age _____ | 8) _____ | Age _____ |

## Employment Information

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  Part-time  Full-time

Gross Monthly Income \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  Part-time  Full-time

Applications will be processed only after all information is submitted and application is filled out completely.

Program Applying for: \_\_\_\_\_

## The YMCA of Metropolitan Chattanooga

Cleveland Family YMCA  
220 Urbane Rd., NE  
Cleveland, TN 37312  
(423) 476-5573

Hamilton Family YMCA  
7430 Shallowford Road  
Chattanooga, TN 37421  
(423) 899-1721

North Georgia Family YMCA  
1846 LaFayette Road, Unit 20  
Fort Oglethorpe, GA 30742  
(706) 858-0590

YMCA Camp Ocoee  
111 YMCA Drive  
Ocoee, TN 37361  
(423) 338-5588

Downtown YMCA  
301 West Sixth Street  
Chattanooga, TN 37402  
(423) 266-3766

J. A. Henry Family YMCA  
A-24 Eastgate Town Center  
5600 Brainerd Road  
Chattanooga, TN 37411  
(423) 266-4844

North River Family YMCA  
4138 Hixson Pike  
Chattanooga, TN 37415  
(423) 877-3517

# Income/Expense Worksheet

## Income:

- \$ \_\_\_\_\_ 1) Your Gross Monthly Income
- \$ \_\_\_\_\_ 2) Spouse's Gross Monthly Income
- \$ \_\_\_\_\_ 3) Child Support
- \$ \_\_\_\_\_ 4) Aid to Dependent Children
- \$ \_\_\_\_\_ 5) Welfare (Submit Card)
- \$ \_\_\_\_\_ 6) Food Stamps
- Yes    No   7) Reduced Lunch Program (Submit Card)
- \$ \_\_\_\_\_ 8) Other (Please Explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_ Total Monthly Income (Household)

\$ \_\_\_\_\_ Total Yearly Income (Household)

## Expenses(monthly):

- \$ \_\_\_\_\_ 1)  Rent    Mortgage
- \$ \_\_\_\_\_ 2) Auto Loan
- \$ \_\_\_\_\_ 3) Utilities
- \$ \_\_\_\_\_ 4) Phone Listed in Your Name
- \$ \_\_\_\_\_ 5) Child Support
- \$ \_\_\_\_\_ 6) Medical
- \$ \_\_\_\_\_ 7) Child Care
- \$ \_\_\_\_\_ 8) School Tuition
- \$ \_\_\_\_\_ 9) Other (Please Explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_ Total Monthly Expenses

Do you share expenses with anyone else in your household?    Yes    No

What is the total number of persons in your household? \_\_\_\_\_

How much can you afford to pay? \_\_\_\_\_

What is your reason for applying for Financial Assistance?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be willing to provide volunteer services at the YMCA?    Yes    No

If yes, what volunteer services

\_\_\_\_\_

## Scholarship Agreement

I accept and agree that all fees are to be paid on time and prior to program participation for my assistance to continue. Further, I understand that my assistance will discontinue if I acquire a balance owed to the YMCA for a program.

I hereby 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 in the above information. I understand that false information could jeopardize my financial assistance. I hereby give my permission to the YMCA of Metropolitan Chattanooga and its representatives to contact individuals or employers for salary and bill verification. In order to maximize what the YMCA of Metropolitan Chattanooga is able to offer, I understand that I will be asked to pay a percentage of any membership/program fee.

Signature \_\_\_\_\_

Date \_\_\_\_\_



YMCA of Metropolitan Chattanooga  
 301 West Sixth Street  
 Chattanooga, TN 37402  
 (423) 266 - YMCA  
[www.ymcachattanooga.org](http://www.ymcachattanooga.org)

