



Silver Falls Family YMCA Financial Assistance Application



You are asking for financial assistance for (Child's name/program): _____

**Silver Falls Family YMCA, requires the following documentation
for all household members:**

1. A copy of each wage earner's current, year-to-date pay stub (for all adult household members).
2. Wage earner's information must include both gross and net income.
3. Documentation of all other forms of income (such as SSI/SSD/Unemployment, Public Assistance, Rental Income).
4. A list of monthly expenses (please estimate to the closest of your ability).
5. A list of all household members who will take advantage of your subsidized YMCA program (include adult children living at home or grandchildren).

Please note incomplete applications will be returned without processing.

Our goal is to take action on applications as quickly as possible.
You should expect a response in approximately three to four business days.

Thank you for your interest in the Silver Falls Family YMCA!

Applicant First Name _____ Last _____

Referred By _____ Gender Male Female

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Ext. _____

Birth Date _____ E-Mail _____

Employer _____ Occupation _____

Emergency Contact _____ Phone _____

List all people living at your address (circle whether A-dult, C-hild, and if they have any I-ncome)

_____	A	C	I		_____	A	C	I
_____	A	C	I		_____	A	C	I
_____	A	C	I		_____	A	C	I
_____	A	C	I		_____	A	C	I
_____	A	C	I		_____	A	C	I

