



Branch Name	
Date Received	
Front Desk Initials	
All Documents Attached	Y or N
Membership app or program reg	

YMCA of Central New Mexico Financial Assistance Application

The YMCA strives to make our programs and membership available to all who will benefit from them, regardless of their ability to pay. Scholarship funds are raised through YMCA of CNM Annual Support Campaign. All financial assistance is granted on a sliding scale based on income and need. All information is kept confidential.

Primary Adult Applicant: _____ New Applicant Renewal Date _____

Name _____ DOB _____ Gender _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone _____

Email _____ Employer _____

Occupation _____ Length of Employment _____

2nd Adult Applicant: _____ New Applicant Renewal

Name _____ DOB _____ Gender _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone _____

Email _____ Employer _____

Occupation _____ Length of Employment _____

Spouse and Dependents Living at Home (Please complete)

Tax Forms must reflect those that are listed below.

Name	Employer/ School	DOB	Gender	Relationship

Is yours a one-adult household? Yes No

Please share why you are applying for financial assistance. _____



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Membership

- _____ # of Young Adults (ages 14 – 28)
- _____ # of Adults (ages 29 – 64)
- _____ # of Seniors (ages 65 and up) Dependents*

Program

Name _____

Dependents (age 22 and under) may include children, foster children, grandchildren and other children for whom the adult is guardian and is tax dependent

Please itemize your gross annual household income. Documentation is required

	Your Income	Spouse's Income	Other Income
Salary, wages and tips	\$ _____	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____	\$ _____
Social Security compensation	\$ _____	\$ _____	\$ _____
Child support	\$ _____	\$ _____	\$ _____
Aid for Dependent Children	\$ _____	\$ _____	\$ _____
Food stamps	\$ _____	\$ _____	\$ _____
401(K) Retirement	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____
School loan income	\$ _____	\$ _____	\$ _____
Housing allowance	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Total Annual Income	\$ _____	\$ _____	\$ _____

Submit your complete financial Assistance Application with the following:

1. Current year's Federal Tax Return (form 1040 pages 1 and 2 only; or 1040EZ)
2. Copies of your last two paycheck stubs OR a letter from your employer stating your annual salary
3. Copies of any supporting documentation listed in the above salary line items
4. If applying for aid at a school-age, CYFD licensed site (Horn, Mitchell, Sunset View, and Ventana), you **MUST** apply for a CYFD childcare contract **BEFORE** submitting the YMCA Financial Assistance Application
 1. If denied for a CYFD Childcare Assistance contract, a copy of the CYFD denial letter **MUST** be attached as a supporting document

I do not file a Federal Tax Return based on federal government income guidelines.

Applications received without the above documentation attached will be returned unprocessed.

I certify that this information is true and complete to the best of my knowledge. I grant permission to the YMCA to verify this information. I agree to notify the YMCA if my financial status should change.

Signature of Applicant

Date

Official Use Only

Branch offering assistance _____ Program or service applied for _____ % Assistance _____
 Expiration _____ Approved by _____ Date _____ Projected \$ _____
 Denied reason _____