



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

FACILITY MEMBERSHIP	
<input type="checkbox"/> Youth (12 and under)	<input type="checkbox"/> Two Adult*
<input type="checkbox"/> Teen (13-18)	<input type="checkbox"/> Family*
<input type="checkbox"/> Young Adult (19-24)*	<input type="checkbox"/> Senior (60+)*
<input type="checkbox"/> Adult (25-59)*	<input type="checkbox"/> Senior Family*

*\*\$15 joining fee applicable.*

**PROGRAM MEMBERSHIP**

# YMCA OF METRO ATLANTA FINANCIAL ASSISTANCE APPLICATION

**NEW APPLICATION**     **RENEWAL APPLICATION**

**STEP 1** Enter household information (ONLY IF NEW APPLICANT).      Date Application Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

First/Last Name: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Emergency Phone Type: Home / Work / Mobile    Phone #: \_\_\_\_\_    Emergency Contact: \_\_\_\_\_

List names (including last names if different from applicant) and ages of everyone residing in your household that you would like on membership:

First Name, Last Name	Age	DOB MM/DD/YYYY	Gender	Relationship Example: wife, son, etc.
1. _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
2. _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
3. _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
4. _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
5. _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
6. _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

**STEP 2** Verify current total household income, sign, and submit supporting documents.

- Submit a copy of last year's tax return – form 1040 **AND** a copy of one of the following supporting documents:
- last two pay stubs
  - a letter from employer verifying current salary
  - social security or disability check/award letters
  - unemployment income verification letter

What is the combined/total annual household income? \$ \_\_\_\_\_    What amount can you pay monthly? \$ \_\_\_\_\_

Special Circumstances (if any): \_\_\_\_\_

Signature \_\_\_\_\_      Date \_\_\_\_\_

**PROGRAM ONLY** Specify number of scholarships needed per category and refer to program guide for details.

NO.	CATEGORY	PROGRAM / CHILD'S NAME / AGE	DATES & TIMES
_____	Youth Sports	_____	Season/Year: _____
_____	Adult Sports	_____	Season/Year: _____
_____	After-School	_____	School Year: _____
_____	Aquatics	_____	Session(s): _____    Time: _____
_____	Day Camp	_____	Week(s): _____
_____	Family	_____	Session(s): _____    Time: _____
_____	Wellness	_____	Session(s): _____    Time: _____

ADMINISTRATION ONLY					
Membership Level	Membership Type	Household Income	Approved % / Amt.	Date Approved	Approved By
Program Type	Projected Registration Cost	Department ID	Approved % / Amt.	Date Approved	Approved By