



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Nashua

Financial Assistance Policy

Limited funds for financial assistance for YMCA membership and programs have been made available through generous contributions of friends and families of the YMCA. Our Financial assistance is based on a sliding fee scale and determined after thorough review of this application. The YMCA reserves the right to refuse assistance to any applicant.

Application Instructions

1. The following documents must be submitted with this application to verify financial need
 - a. Most recent Income Tax Return OR
 - b. Most current employment pay stubs (1 month), all state subsidies (SSI, AFCD, CDFD, etc), or other sources of income (unemployment, family assistance, etc)
 2. Incomplete applications will not be processed
 3. Please allow for at least two weeks for your application to be processed.
 4. All financial information will remain confidential.
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Section 1 Applicant Information (please print)

Date: _____

Type of Membership Interested In: _____

First Name: _____ Last Name: _____

Email: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Total No. of Adults in Household _____ Total No. of Children in Household: _____

Section 2 Income Verification

\$_____ Your Gross Monthly Income

\$_____ Spouse’s Monthly Income (if applicable)

\$_____ Monthly Social Security Income (if applicable)

\$_____ Monthly Child Support Income (if applicable)

\$_____ Monthly Alimony/Maintenance Income (if applicable)

\$_____ Other Monthly Income (please explain) _____

\$_____ Total Monthly Income

Section 3 Other Information

Is there any additional information you would like for us to know about your current financial situation?

Are you coming to us from another agency? YES NO

If yes, which one? _____

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the Y within 30 days. If I submit false or inaccurate information, or fail to notify the Y within 30 days, I may be terminated from the Y Cares Program and responsible for any payment due.

Signature of Applicant

Date

(For Office Use Only)

Application Reviewed on _____ Denied Approved Notified _____