



Applicant Name: _____

REQUEST FORM - - YMCA Income-Based Pricing Program with Special Considerations

The YMCA of the Cedar Rapids Metropolitan Area offers quality, affordable programs and services to benefit people of all incomes and backgrounds. Thanks to many generous supporters, the YMCA is able to open its doors to all in the community through our Income-Based Pricing Program with Special Considerations. Through this program, additional help is offered so that no one is denied YMCA membership and/or programs due to inability to pay. Please complete this form and include the necessary income documentation. All information is kept confidential.

Applicant Name: _____

Applicant Name: _____ Birth Date: _____

Address: _____ City/Zip: _____

County: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer/School: _____ Title/Position/Grade: _____

Family Members for whom you seek assistance (names): _____

DOCUMENTATION CHECKLIST - - You MUST provide all documentation of income.	
◇ Most recent Income Tax Return (required)	◇ SSI Award Letter
If you DO NOT file taxes, you must have a referral letter from a social worker, along with any/all of the following documents:	◇ FIP Payment Documentation
	◇ Proof of Child Support
	◇ Unemployment Statement
◇ 2 most recent pay check stubs	◇ Other _____

Income Documentation

List below ALL current household income sources and amounts before deductions.
The YMCA reserves the right to verify this information.

GROSS MONTHLY Household Income, please.

	Self	Spouse/Partner OR Parent/Guardian	All Others Living in your Household Contributing Income
Employment	\$	\$	\$
Child Support	\$	\$	\$
Parental Support	\$	\$	\$
Other:	\$	\$	\$
TOTAL	\$	\$	\$

EXTRAORDINARY EXPENSES - - Below list any extraordinary or unusual expenses for your household. (Examples of acceptable extraordinary expenses are student loan payments, out of pocket medical expenses, school tuition and book expenses not covered by financial assistance. Items not accepted for extraordinary expenses are, for example, rent, cell phone and regular monthly bills.)

Type of Expense	Amount Paid Per Month
1.	\$ _____ per month
2.	\$ _____ per month
3.	\$ _____ per month

Would you be willing to share your story about how the YMCA has helped you? If yes, please write below or attach a separate sheet to this form. It is greatly appreciated. Thank you!

Please check type of assistance requested.

- Camp Wapsie Resident Camp
- Camp Wapsie Day Trekkers
- Camp Wapsie Day Camp
- Camp Wapsie Special Camps
- YMCA Before & After School
- YMCA Child Care Day Camp
- Other _____

Please check ethnicity below. (Please use in chart below.)

- A - Asian
- B - Black
- H - Hispanic/Latino
- M - Middle Eastern
- N - Native American
- W - White
- O - Other

Please list everyone who lives in your household.

Name (First, MI, Last)	M/F	Relationship	Employer/School	Birth Date	Ethnicity Code
Your Name Here:					

Are you/your parent presently enrolled in college? Yes No Full-Time Part-Time Receive Financial Aid? Yes No

If you are attending college, are you living with a parent/guardian? Yes No

If yes, include parent/guardian financial information under Gross Monthly Household Income on front page.

Applicant Certification

I certify that the information provided on and with this request form is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any changes in my income.

Signature of Applicant OR Parent/Guardian if minor

Date

Office Use Only	
Date Received:	Date Approved:
Assistance Given:	Approved by:
Instructions	Receipt Number:
Instructions:	