



# Superior Douglas County Family YMCA Application for Membership/Programming Financial Assistance



Through the generosity of many individuals, businesses, and United Way contributing to our Annual Support Campaign, the YMCA is able to offer financial assistance for memberships and programs.

**The following must be included with your application:**

- Most current taxes (W2 for each wage earner in the household)
- Two recent, consecutive pay stubs for each wage eager, unemployment statement, retirement, pension, section 8, child support, and/or documentation of any other assistance received for each member in the household.

**RETURN APPLICATION TO:**

**NORTHWEST WISCONSIN COMMUNITY SERVICE AGENCY, 1118 TOWER AVE, SUPERIOR (715) 392-5127**

**APPLICANT'S PERSONAL INFORMATION- PLEASE PRINT CLEARLY**

Name \_\_\_\_\_ M[ ] F [ ] Prefer not to answer [ ] Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**TYPE OF FINANCIAL ASSISTANCE**

\_\_\_\_ **I AM APPLYING FOR A MEMBERSHIP:**

\_\_\_\_ Young Adult Ages 19-25

\_\_\_\_ Adult Ages 26-64

\_\_\_\_ Senior 65 or older

\_\_\_\_ One Adult Family – One adult households with family members claimed on taxes

\_\_\_\_ Two Adult Family – Family members in same household that are claimed on taxes

\_\_\_\_ Youth 0-18 - Name of youth \_\_\_\_\_

\_\_\_\_ **I AM APPLYING FOR A PROGRAM:**

Name of Participant \_\_\_\_\_ Program \_\_\_\_\_

Name of Participant \_\_\_\_\_ Program \_\_\_\_\_

Name of Participant \_\_\_\_\_ Program \_\_\_\_\_

**LIST ALL HOUSEHOLD MEMBERS, INCLUDING APPLICANT**

FIRST/LAST NAME	RELATIONSHIP TO YOU	DATE OF BIRTH	SCHOOL OR EMPLOYER

**FINANCIAL INFORMATION**

**\*List all MONTHLY income and assistance for the ENTIRE household.**

<b>Income Monthly</b>	<b>Adult #1</b>	<b>Adult #2</b>	<b>Dependant #1</b>	<b>Dependant #2</b>
Wages	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Snap Benefits	\$	\$	\$	\$
Section 8 Housing	\$	\$	\$	\$
Other	\$	\$	\$	\$

\*I feel I can afford to pay \_\_\_\_ dollars towards my monthly membership or towards my program fee.

**IF NO INCOME IS LISTED, USE THE LINED SPACE BELOW TO LIST HOW DAILY LIVING EXPENSES ARE PAID FOR.**

Please state your reasons for requesting financial assistance in the space provided. Be sure to explain all circumstances and expenses to substantiate your request. The more detailed information you furnish to explain your need, the better we can make an accurate determination of this request.

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**NOTE:** If approved, you will receive a letter from the YMCA in approximately two weeks. **After you receive the letter, you may sign up for membership and/or programming using the assistance.** Memberships are valid for six months. You may reapply by completing another application the month prior to your expiration date.

I agree that the financial information is true and complete to the best of my knowledge and I agree to provide additional documentation if required.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_