

YMCA of Southern Nevada Financial Assistance Application FOR SOCIAL RESPONSIBILITY

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING

Thanks to generous donors who support our Annual Campaign, we're able to award assistance and help individuals of every age and ability reach their potential through the Y. To learn more, visit us at lasvegasymca.org.

| Name | | Date | | | | | | |
|---|--|--|--|--------------------|---|--|---|--------------------------|
| Applicant's Date of Birth | | Branch: | _Heinrich | _Dura | ngo Hills | _Centenr | nial Hills | _SkyView |
| Address | | | _ City | | | State_ | Zip | |
| Phone | E-mail | | | | | | | |
| Check one: _ First Time Applicant _ | Renewal | Men | nbership | Type: _ | Adult | _ Family | _ Senior | _ Student |
| Programs (must be a full facility n | nember to | get assis | tance): _ | Aquatio | s _ Spoi | ts _ Youth | & Family | _ Fitness |
| Please submit copies of all required do NOT make copies due to the sensitive | ocuments w nature of ir | ith this ap nformation | plication, | even if | you're ap | nmer Cam oplying for reject incor | renewal. | Y staff will plications. |
| Employed Latest income tax return Latest two pay stubs Birth certificate of dependent child if not listed on tax return Public assistance award letters Child support and any other income YMCA constituency form (completed and signed) Copy of driver's license or state issued photo ID | Unemp docum Social Pensio Birth c depend Child s income YMCA ((comp Copy of | Unemp assistance a bloyment be nentation security ber n/Retiremer ertificate of lent child support and e constituency leted and si of driver's lic photo ID | ward letter nefits nefits stater t statemer each any other y form gned) | ment nt | Cu La La Ar le YM (co | Foster ster certification of the sterilization of t | for each Id vistubs tax return istance awarency form Id signed) 's license of | |
| Terms/Conditions for the application a I understand the YMCA does not depending on my income and the nun will have to pay after the financial ass | ot give 100° nber of men | % financial | l assistand y househo | ce. It is old, the | a membe | ership-base membersh | ed organiz nip payme | ation and nt that I |
| Family \$20.70-\$55.20, Senior \$10.50 | | | | | | | | |
| I understand a Family Member | • | , , | | · | | | | |
| I understand the maximum pro is_limited to the type of program and a fter the membership expiration date. | space availa | ability. Reg | istration i | may not | be allow | ed if the p | rogram st | art date is |
| I understand any falsification of | documents | can resul | t in autom | natic der | nial of m | y applicatio | n. | |
| I understand my application fo | r financial a | ssistance v | will not be | conside | ered unti | l I've paid | all balanc | es due. |
| I understand if my membershi terminate my membership and I can o | | | | | | | | e Y will |
| I understand I may be asked, of the YMCA financial assistance to my | | | | | | stimony re | garding th | ne benefits |
| I understand financial assistant least 30 days before my membership | | | year and | it is my | respons | ibility to ap | oply for a | renewal at |
| I understand it will take up to documents if needed, which may furth | | | | | | I the YMCA | may req | uest other |
| Applicant's Signature | | | | | | | | |
| Note: We will email the status of | your appli | cation to | the emai | l addre | ss prov | ided abov | e. If no e | email is |