



Southern District YMCA
Financial Assistance Application

APPLICANT INFORMATION

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Birth Date _____

E-mail _____

Employer/Work Phone _____

Type of Assistance Applying for:

- Exeter Area YMCA
 For Open Doors 25% discount **complete this side only**
 Adults earning <\$40,000 gross income
 Families earning <\$80,000 gross income

School Age Child Care - **complete both sides**

Camp Lincoln - **complete both sides**

Attach your 1040 tax return for all applications

CO-APPLICANT INFORMATION

Co-Applicant Name _____ No other adult resides in this household

Birth Date _____

Employer _____ Work Phone _____

FAMILY INFORMATION (if applicable)

Dependent's Name	Age	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPACT

How will participation benefit the individual(s), you or your family? Are there any extenuating circumstances you would like to share? (Attach additional page if needed.)

SIGNATURES

I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand that I may lose all YMCA privileges for lack of payment or falsifying information in connection with this application. I understand that I must bring documentation annually to qualify for the Financial/Assistance Rate.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Office Use Only: Date Received _____ Verify 1040 _____ Total gross income \$ _____

Membership Staff signature _____ Supervisor/2nd Staff Signature _____

Financial Assistance Application

FINANCIAL INFORMATION

Please check the box or boxes that represent the type of monthly household income and expenses that apply. The following documentation is required:

- A copy of your Federal Tax Form (1040) Proof of any additional income listed below
- Two recent paystubs for each working member of the household

Income (check those that apply)	Monthly Amount	Expenses (check those that apply)	Monthly Amount
<input type="checkbox"/> Wages/Salaries/Tips	\$ _____	<input type="checkbox"/> Rent/Mortgage	\$ _____
<input type="checkbox"/> Unemployment Comp	\$ _____	<input type="checkbox"/> Utilities	\$ _____
<input type="checkbox"/> Social Security Income	\$ _____	<input type="checkbox"/> Phone	\$ _____
<input type="checkbox"/> Child Support/Alimony Received	\$ _____	<input type="checkbox"/> Medical	\$ _____
<input type="checkbox"/> Aid to Dependent Children	\$ _____	<input type="checkbox"/> Food	\$ _____
<input type="checkbox"/> Food/Fuel/Housing Subsidies	\$ _____	<input type="checkbox"/> Car/Gas/Transportation	\$ _____
<input type="checkbox"/> Pension	\$ _____	<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____	<input type="checkbox"/> Other _____	\$ _____
Total Monthly Income	\$ _____	Total Monthly Expenses	\$ _____

Applications must be complete, signed, and include all required documentation to be processed. Please make sure you have attached your most recent tax return and two recent pay stubs from each employed member of the household.

Applications will be processed as follows:

Exeter Area YMCA Membership and Programs – Mail to Exeter Area YMCA, 56 Linden St, Exeter, NH 03833, or drop off at the front desk. Applications are processed as they are received.

School Age Child Care Programs – Mail to YMCA SACC, 56 Linden St, Exeter, NH 03833

Applications are processed as they are received, typically within 10 business days. Applicants must first apply for child care assistance through NH DHHS. For more information visit <https://www.dhhs.nh.gov/dcyf/cdb/waitlist.htm>

YMCA Camp Lincoln – Mail to YMCA Camp Lincoln, PO Box 729, Kingston, NH 03848

Applications are processed during the second week of each month, February through June for summer camp.



The southern district YMCA is proud to partner with the Key Collective #areuin? program to provide financial assistance with no need to complete an application. If you have a #areuin? card, present it at any Southern District YMCA location to qualify. Visit <https://www.areuincard.org/> for more information.

SIGNATURES

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Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Office Use Only: Date Received _____ Verify 1040 _____ Total gross income \$ _____

Membership Staff signature _____ Supervisor/2nd Staff Signature _____