



# Greensburg YMCA

We build strong kids, strong families, strong communities.  
101 South Maple Avenue, Greensburg, PA 15601 724-834-0150

[www.greensburgymca.org](http://www.greensburgymca.org)

## CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION

*The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering the following information, you will help to meet this goal. This information is kept confidential and will not be used for any other purpose.*

Current Date: \_\_\_\_\_ Application:  New  Renewal

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status:  Married  Divorced  Legally Separated  Widowed  Single

Place of Employment: \_\_\_\_\_ Work No.: \_\_\_\_\_

Spouse/Child(ren)'s Name	Age	School/Employer	Birth date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Size (Total number of members in family) \_\_\_\_\_

Financial Assistance Application is for:

Membership  Youth  Adult  College  Single Parent Family  Family  Senior

Program: \_\_\_\_\_

Child Care\*  ECLC  SACC  School Age Camp  Adventure Club  Counselor-in-Training

Other: \_\_\_\_\_

*\*If this application is for child care, you must have been denied funding through Child Care Information Services of Westmoreland County. Please attach your denial letter with this application. Your application cannot be processed until you submit a denial form.*

INCOME INFORMATION	
Wages, Salaries, and Tips	\$
Unemployment Compensation	\$
Social Security Compensation	\$
Child Support	\$
Food Stamps	\$
Alimony	\$
Other	\$
<b>Total Monthly Income</b>	<b>\$</b>

**Please submit copies of the following documents along with your completed application:**

1. Most recently prepared Federal Income Tax return (1040 as well as all schedules and forms) or State Notice of Action.
2. Copies of most recent W-2's, and/or 1099-Rs.
3. Most current paycheck stub.
4. If applicable, current SSI Benefits verification letter or payment stub.

**Important:** Your application will only be processed when ALL of the required forms have been received.

Please write a paragraph stating why you are requesting financial assistance.

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I am submitting income verification with my application for financial assistance and certify that the above information is true and complete to the best of my knowledge.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

Office Use Only	
Name of Applicant: _____	Application Reviewed on: _____
Denied-Reason: _____	Notified _____
Approved: _____	Letter sent: _____
Date: _____	Amount: \$ _____
Percentage Used: _____	