



Lincoln YMCA Personal Pricing/Financial Assistance Application

Name _____ Birth Date _____ Gender _____
 Address _____ City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Email Address _____

Family/Household Information:*(Family consists of up to 2 Adults living in the same household & all dependent children.)***Birth Date:****M/F:**

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Please continue on back of application if more lines are needed)

All submitted income verification must have the dollar amount that you are receiving on a monthly basis. If you do not have this information please contact your employer or caseworker before submitting your application. Completed applications will be reviewed within 10 working days.

| <u>Monthly Gross</u> | <u>Applicant</u> | <u>2nd Adult</u> |
|----------------------|------------------|-----------------------------|
| Wages/Salary | \$ _____ | \$ _____ |
| Child Support | _____ | _____ |
| Alimony | _____ | _____ |
| Govt. Asst. | _____ | _____ |
| Food Stamps | _____ | _____ |
| Housing Asst. | _____ | _____ |
| Other Income | _____ | _____ |

I certify that all provided information is accurate and complete to the best of my knowledge.

Signed _____

Date _____

Please mail or fax application & income verification to:

Metropolitan YMCA
 216 N 11th St Suite 400
 Lincoln NE 68508
 Attn: Personal Pricing/Financial Assistance Office
 Fax 402-434-9208
 ymcalincoln.org

For Office Use Only:
 Type of Memb _____ Date _____
 Subsidy Amt _____ Initials _____

Required Documentation

Please submit your completed application along with all current proof of income that applies to you including:

- 2 Current paycheck stubs from each Adult in household
- Federal Income Tax Return (*W-2's are not accepted*)
Attach copies of your most current filing year(1040, 1040A etc. If you are self-employed or own a business include Schedule C
- Unemployment
- Disability
- SSI/Social Security
- Government Assistance:
 Food Stamps (*EBT Cards are not accepted*)
 Housing Assistance
 Foster Care
- Child Support/ADC/Alimony
- Student Loans (*only if used for living expenses*)
- Trust Funds/IRA's/Retirement Income
- Parental Support:
 If you are being claimed as a dependent by your Parents/Guardians on their Federal Income Tax return your application will be reviewed based on the combination of both you and your Parents/Guardians total gross annual income. Please submit a copy of your Parents/Guardians Federal Income Tax Return.
- Ward of the State
 Will be reviewed based on Guardians total gross annual income and compensation received for Wards care.