

BUTTE FAMILY YMCA MEMBERSHIP FINANCIAL ASSISTANCE INFORMATION

In order for us to process your application for a Butte Family Plan membership, please complete the application found on the next page. Also, with your application, please include a copy of ALL of the following information that applies:

1. Income tax return for previous year (previous two years if you are self-employed)
2. Current wage stub for each adult employed including year-to-date income, hourly pay and number of hours worked
3. Benefit letter or copy of check for TANF/AFCD
4. Benefit letter or copy of check for SSI/SSDI
5. Benefit letter or copy of check for Workmen's Compensation
6. Benefit letter for food stamps
7. Benefit letter for subsidized housing
8. Benefit letter for childcare assistance
9. Verification of child support amount
10. Copy of current Montana Tech (or other school) registration showing fees and expenses
11. Copy of award letter for school financial assistance (loans, grants and scholarships)
12. Current statement of Revenues Collected & Expenditures Paid if you are self-employed

Please note: The Butte Family YMCA defines a family as one/two parent(s) and dependent children 18 years old and younger, or 23 years and younger if enrolled as a full-time student.

Y members through the Butte Family Plan membership program are required to provide income verification on a YEARLY basis whether financial information has changed or not. We reserve the right to deny a financial assistance for membership based on insufficient verification or sufficient subsidy/income.

PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS.

BUTTE FAMILY YMCA MEMBERSHIP FINANCIAL ASSISTANCE APPLICATION

Name: _____ Birthdate _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Phone Number: _____

Applicant's Employer: _____ Telephone Number: _____

Spouse's Employer: _____ Telephone Number: _____

Type of membership requested (Please Circle): Adult Family Young Adult Senior
Senior Couple Youth Program

Please complete the following information:

MONTHLY GROSS INCOME	
Employment Income—Applicant	\$
Employment Income—Spouse	\$
Child Support	\$
TANF/AFDC	\$
Food Stamps	\$
Workman's Compensation	\$
SSI/SSDI	\$
Grants/Loans	\$
Other (please specify):	\$
Other (please specify):	\$
Other (please specify):	\$
Other (please specify):	\$
Total Monthly Gross Income:	\$

I understand that this application will be reviewed by the Butte Family YMCA Membership Review Committee and will take seven (7) days to process. I further understand that I am responsible for notifying the Butte Family YMCA of any change in my financial status and will provide current proof of income from all sources every 6 months.

Applicant's Signature: _____

Date: ____/____/____

Spouse's Signature: _____

Date: ____/____/____

YMCA STAFF USE ONLY			
<input type="checkbox"/> Approved for Plan _____	Joiner Fee: \$ _____	Monthly Dues: \$ _____	Approved by: _____
Date Applicant _____	Notified: ____/____/____		Notified by: _____
<input type="checkbox"/> Denied Explanation: _____			
Date Applicant Notified: ____/____/____		Notified by: _____	
<input type="checkbox"/> Incomplete application; Pending Information: _____			
Date _____	Applicant _____	Notified: ____/____/____	Notified by: _____