



FOR ALL Financial Assistance Six Month Renewal

PRIMARY HOUSEHOLD WAGE EARNER

First Name _____ Last Name _____ MI _____
 Address _____ City _____ State ____ Zip _____
 Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____
 Work Phone (____) _____ - _____ Email _____

SECONDARY HOUSEHOLD WAGE EARNER

First Name _____ Last Name _____ MI _____

LIST ALL HOUSEHOLD MEMBERS (INCLUDING OTHER ADULTS)

First and Last Name _____

DOB _____ Age _____ Relationship _____

First and Last Name _____

DOB _____ Age _____ Relationship _____

First and Last Name _____

DOB _____ Age _____ Relationship _____

First and Last Name _____

DOB _____ Age _____ Relationship _____

First and Last Name _____

DOB _____ Age _____ Relationship _____

This document is a renewal for financial assistance ONLY to be used if nothing has changed within the household in the last six months. I understand that if approved, I must apply again in six months by filling out the entire application. This renewal application is not a guarantee of approval. You will be notified of your status in approximately two weeks.

By signing below, I certify that my financial position has not changed in the last 6 months.

APPLICANT SIGNATURE _____ **DATE SUBMITTED** _____

OFFICE USE ONLY

Household Adjusted Gross Income _____ Membership Type _____

Membership Discount % _____ Program Discount % _____

YMCA Processor Signature _____ Date _____