



# YMCA of Okanagan Financial Assistance Application

The YMCA believes that no barrier should stand in the way of all of us getting stronger, together. We are a leading charity that provides financial assistance to those in need.

If financial circumstances are limiting your ability to participate, you may be eligible for Financial Assistance. Please take a moment to provide us with some personal information so that we can assess your request. **Any information you provide will be kept strictly confidential.**

### APPLICATION INSTRUCTIONS:

- Fill in the application form.
- Bring the completed application form and **supporting documents** to the branch you would like to join for review by Membership Services.
- Tour the Y branch to learn about what programs and services are the right fit for you.
- Sit down for a confidential interview to assess your situation and how you can get started in your new community.
- Please be prepared to make your first payment and provide a credit card, void cheque or stamped pre-authorized debit (PAD) withdrawal agreement from your bank to activate your YMCA membership.

### MAIN CONTACT:

Last Name:		First Name:	
Address:	City:	Postal Code:	
Main Phone:	Secondary Phone:	Date of Birth (M/D/Y):	
Email:			

Confirmation of Identity:  PHOTO ID (ex. Driver's license, passport, student card, etc.)

### SPOUSE/DEPENDANT(S) LIVING IN HOUSEHOLD:

First & Last Name	Date of Birth (M/D/Y)	Age	Gender



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First & Last Name	Date of Birth (M/D/Y)	Age	Gender

NET FAMILY INCOME (AFTER TAXES)		HOUSEHOLD MAKEUP	
Monthly household income applicant #1	\$	# of employed adults in household	
Monthly household income applicant #2	\$	# of unemployed adults in household	
Other household income*:	\$	# of individuals under 19 in the household	
Total monthly income:	\$	Amount in dollars you feel that you can contribute per month	\$

For the YMCA to assess your application, please provide us with the previous year’s Notice of Assessment for you and your spouse/partner, **regardless of whether they are joining the Y**. If you are unable to provide a Notice of Assessment, please provide one of the following:

- 3 months of consecutive pay stubs
- 3 months of bank statements showing income only (all other transactions may be blacked out and will not be considered)

I verify this information to be accurate and accept responsibility for notifying the YMCA should my financial situation change. I confirm that I am over the age of 18 and have carefully read and understood this application.		
Applicant #1:		
	Applicants Name (Printed)	Applicant Signature
Applicant #2:		
	Applicants Name (Printed)	Applicant Signature
Date:		

\*Other includes: income assistance (welfare, Employment Insurance, BC Housing Benefit, CPP, Old Age Security), alimony, child support, tips, cash jobs & GST cheques.