



YMCA of Middletown Membership Assistance Program (MAP)

Return Completed Application to:
 YMCA of Middletown
 81 Highland Ave
 Middletown, NY 10940

For questions, please call 845-344-9622 (Option #4)

Please fill out this form completely and attach all necessary documents (*photocopies only*). **Incomplete applications will not be processed. These applications will not be accepted and/will be returned.** If approved for assistance, a one time payment must be paid via check, credit card or cash with your approval letter at the time of registration for a 6 month period of membership. Membership offer will be valid for 2 months from the date of the letter. Prior to your membership expiration, if circumstances have not changed, please come to the front desk to pay for an additional 6 months. MAP will be filed once per year. **Please do not send any registration forms in with this application.** (ex. Summer Camp, Club Kid)

Copies of the following documents for all in the home receiving money must be provided with your application. (Please write a "X" if this does not apply to you.)
No copies will be made at the YMCA.

Applicant Initials

Staff Initials

- | | |
|--|--------------------------|
| <input type="checkbox"/> Two most recent pay stubs for each person working living in the home. | <input type="checkbox"/> |
| Documentation showing all assistance received (if any) including but not limited to: | |
| <input type="checkbox"/> Section 8 or any other rent/mortgage assistance payment letter or statement | <input type="checkbox"/> |
| <input type="checkbox"/> Food Stamps Letter or statement | <input type="checkbox"/> |
| <input type="checkbox"/> Social Security and/or Disability letter or statement | <input type="checkbox"/> |
| <input type="checkbox"/> Unemployment letter and or statement | <input type="checkbox"/> |
| <input type="checkbox"/> Pension benefits | <input type="checkbox"/> |
| <input type="checkbox"/> Workman's Compensation pay stub and/or letter | <input type="checkbox"/> |

Documentation showing any other types of support received (if any) including but not limited to:
 \$_____ Amount of Child support and/or any type of family support received per month _____

Application for: (Please check one)
Membership: Family Adult Senior Youth

This program is made possible solely through the generosity of donations. If you are able, please pay it forward. If you are able to donate time during our Strong Kids Campaign, please contact us so that others may enjoy what you are able to enjoy.

- How many adults (age 18 or older) are living in the home? _____
- How many Children (age 17 or younger) are living in the home? _____

- What do you pay monthly for rent/mortgage? \$_____

- Is your rent/mortgage cost reduced through family, sharing, Section 8 or any other agency?

_____ Please explain _____ **Staff Initials** _____

Please print the all information.

Date of Application: _____
 Name: _____
 Address: _____
 City: _____
 State/ Zip: _____

Date of Birth: _____
 Home Phone: _____
 Work Phone: _____
 Place of Employment: _____
 Length of Employment: _____

1. Hours worked per week _____ Hourly Wage _____ Yearly Salary if not pair hourly _____
 2. Hours worked per week _____ Hourly Wage _____ Yearly Salary if not pair hourly _____

Spouse/ Child(ren)'s Name (s)	Birth Date	Age
1.		
2.		
3.		
4.		
5.		

Narrative: (In the space provided, please feel free to tell us any additional information you feel is relevant to your circumstances.)

By signing this application, I verify that the information I have provided is true and accurate.

Signature _____ **Date** _____

FOR OFFICE USE ONLY

Application Received on _____

Application Reviewed on _____

___ Approved ___ Denied

Membership Amount \$ _____