



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Membership Assistance Program Application

The Membership Assistance Program (M.A.P.) is made possible by the generosity of our YMCA Family – Members, Staff, Board Members, Volunteers, local businesses and the local community at large.

Through our annual Strong Kids Campaign we raise critical funds that enable children, adults and families to enjoy the YMCA and its valuable programs and services, regardless of their financial situation.

To apply for assistance, please complete this application and bring all the following information to the YMCA Welcome Center:

1. A copy of your most recent federal income tax return.
2. Two most recent paycheck stubs for each adult in the household or letter from your employer verifying your employment and stating your annual salary.
3. Proof of income and/or assistance, including (but not limited to) unemployment, social security, pension benefits, food stamps, section 8, disability, etc.
4. A letter stating additional information you feel is relevant to your financial circumstances (please note, a letter is not required).

Please complete the entire application and return it to your branch in person, along with photocopies of all of the required documentation. Incomplete applications will not be processed. If approved for assistance, a one time payment must be paid with your approval letter for a 6 month period of membership. Prior to your membership expiration if circumstances have not changed, please come to the Welcome Center to pay for an additional 6 months. Documentation must be completed again after one year. If you have any questions or need assistance with the application process, please feel free to contact us. Remember, we're here to help! You will receive a letter (email?) within two weeks regarding your qualification and next steps.

YMCA OF MIDDLETOWN 81 Highland Avenue, Middletown, NY 10940 (P) 845 344 9622
SOUTH ORANGE FAMILY YMCA 45 Gilbert Street Extension, Monroe, NY 10950 (P) 845 782 9622

PRIMARY APPLICANT INFORMATION– PLEASE PRINT ALL INFORMATION LEGIBLY

Name: _____ Todays Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Membership Type I am applying for: _____ Family _____ Adult _____ Senior _____ Senior Couple

ALL PERSONS LIVING IN THE HOUSEHOLD, PLEASE LIST ALL ADULTS IF MORE THAN 2

Tax forms must reflect those that are listed below. Please note: Family Membership is for 2 adults and children under the age of 26 living in the same household.

Name: _____ Birth Date: _____ Age: _____

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Name: _____ Birth Date: _____ Age: _____

Name: _____ Birth Date: _____ Age: _____

PLEASE PROVIDE COPIES OF THE FOLLOWING THAT APPLY:

	Applicant Initials	Staff Initials
1st page of most recent tax return	_____	_____
2 Most recent paystubs or employment letter	_____	_____
Social Security	_____	_____
Disability	_____	_____
Section 8	_____	_____
Food stamps	_____	_____
Pension Benefits	_____	_____
Unemployment	_____	_____
Other Assistance/Support	_____	_____
Hours worked per week (Adult 1) _____	Hourly Wage _____	or Yearly Salary _____
Hours worked per week (Adult 2) _____	Hourly Wage _____	or Yearly Salary _____
Hours worked per week (Adult 3) _____	Hourly Wage _____	or Yearly Salary _____
Monthly Rent/Mortgage: _____	Letter with additional info included? Yes/No	

SIGNATURE OF APPLICANT:
By signing this application, I verify that all the information I have provided is true and accurate.

Signature: _____ Date: _____

OFFICE USE ONLY Application Received On: _____ Reviewed On: _____

Approved _____ Denied _____ Membership Amount _____