



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 Welcome Center or submit online with the instructions below:

1. A copy of your most recent federal income tax return (e.g. 1040, 1040A, 1040EZ). If you did not file, please write a letter explaining that did not file a tax return.
2. Most recent paycheck stub for each adult in the household or letter from your employer verifying your employment and stating your annual salary.
3. A letter stating additional information you feel is relevant to your financial circumstances.

**Please complete the entire application and return it to your branch in person, along with photocopies of all of the required documentation. Applications can also be submitted electronically to [map@middletownymca.org](mailto:map@middletownymca.org). Please note, application, required documents, and letter must be attached.**

Incomplete applications will not be processed. If approved for assistance, a one time payment must be paid with your approval letter for a 3 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 3 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 within two weeks regarding your application status and next steps.

**YMCA OF MIDDLETOWN** 81 Highland Avenue, Middletown, NY 10940 (P) 845 395 1024  
**SOUTH ORANGE FAMILY YMCA** 45 Gilbert Street Extension, Monroe, NY 10950 (P) 845 395 1003

**PRIMARY APPLICANT INFORMATION PLEASE PRINT ALL INFORMATION LEGIBLY**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Today's 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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**INCOME/EXPENSE WORKSHEET:**

Income (list all MONTHLY income)

Gross monthly income \$ \_\_\_\_\_

Spouse's gross monthly income \$ \_\_\_\_\_

Other monthly income for all adults over the age of 18 \$ \_\_\_\_\_

Child Support (if receiving) \$ \_\_\_\_\_

Social Security/Disability \$ \_\_\_\_\_

TANF (if receiving) \$ \_\_\_\_\_

SNAP (if receiving ) \$ \_\_\_\_\_

Unemployment (if receiving) \$ \_\_\_\_\_

Alimony (if receiving) \$ \_\_\_\_\_

Pension/Retirement \$ \_\_\_\_\_

Housing Assistance \$ \_\_\_\_\_

Other (please explain) \$ \_\_\_\_\_

TOTAL MONTHLY INCOME \$ \_\_\_\_\_

Expenses (list all MONTHLY expenses)

Rent/Mortgage \$ \_\_\_\_\_

Vehicle Payments \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Phone Service \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Credit Cards \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Student Loans \$ \_\_\_\_\_

Other (please explain) \_\_\_\_\_

TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

**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 \_\_\_\_\_ Member ID: \_\_\_\_\_