



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. Please note, application, required documents, and letter must be attached.

Incomplete applications will not be processed. If approved for assistance, please bring your approval letter along with your billing information for your monthly membership payment. MAP approvals are valid for a one year period. Prior to your annual membership expiration, please complete a new MAP application. 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: _____

Email Address: _____

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: _____