



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 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. 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/EXPENSEWORKSHEET:**

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)	\$ _____

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 INCOME \$ \_\_\_\_\_

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: \_\_\_\_\_