



Financial Assistance Application

FAMILY INFORMATION

Name		Phone 1	Phone 2
Street Address		Postal Code	Email
City, Province		DOB (dd/mm/yyyy)	

APPLICANTS APPLYING FOR ASSISTANCE			Source of Income for family members:
1) Family Member Name		DOB (dd/mm/yyyy)	
2) Family Member Name		DOB	
3) Family Member Name		DOB	
4) Family Member Name		DOB	

INCOME INFORMATION

Monthly Household Income		Proof of Income Provided:	
Child Tax Benefit		<input type="checkbox"/> Notice of Assessment	
Child Support/ Spousal Support		<input type="checkbox"/> Spousal/Child Support	
Disability income; Workers Compensation; Canada Pension		<input type="checkbox"/> Child Tax Credit	
Other _____		TOTAL MONTHLY INCOME	

MONTHLY EXPENSES

Housing (mortgage, rent)		Cell Phone and other phone bills	
Insurance		Internet/Cable/Satellite	
Groceries		Childcare	
Vehicle Payment		Heating	
Gas/Transportation/Bus fares		Power	
Loans/Credit Payments		Medical Expenses	
Sports/Gym Memberships/Recreation		Other_(example: entertainment)_____	

TOTAL MONTHLY EXPENSES (must provide copies of 3 largest expenses):	
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AGREEMENT

1. I am applying for financial assistance because I am unable, not unwilling, to pay the full fee under any of the standard payment options.
2. If I fail to make payments, or my account becomes past due, my funding and enrollment will be suspended.
3. If any financial circumstances change, I will notify the YMCA to discuss my situation. My application will be reviewed every 6 months.
4. By submitting this application, I am agreeing that all information is true and I am not withholding any information.

SIGNATURES

Signature		Signature	
Date		Date	

YMCA USE ONLY

Total Monthly Amount	\$	Start date:	End Date:
Subsidy by YMCA	\$	Approved by:	
Net Monthly Amount	\$	Date approved:	Staff Entered:

Financial Assistance is available to anyone based on family income, number of household members and the availability of Y funds on a monthly basis. It is provided fairly and openly on a first come, first served basis.