

NORTHFIELD AREA FAMILY YMCA
1501 HONEYLOCUST DRIVE
NORTHFIELD, MN 55057
(507) 645-0088
WWW.NORTHFIELDYMCA.ORG

Application for Financial Support

Welcome to the Northfield Area Family YMCA! Through the generosity of our donors, the Y is pleased to provide financial aid for families and individuals in need of financial support. If you are interested in a Y membership, programs or services and need financial support in some way, please complete this form and return it to the Y.

Forms must be complete and include proof of income (copy of prior year taxes or the last two pay stubs). All applications are kept in strict confidence.

Name:	_____	Date:	_____
Address:	_____		
City, State, Zip:	_____		
Phone:	_____		
Spouse or Partner Name:	_____		
Dependent Name:	_____	Birthdate:	_____
Dependent Name:	_____	Birthdate:	_____
Dependent Name:	_____	Birthdate:	_____
Dependent Name:	_____	Birthdate:	_____
Dependent Name:	_____	Birthdate:	_____
Dependent Name:	_____	Birthdate:	_____
Annual Household Gross	_____		
Income:	_____		
Income Verified By:	Federal Tax Return	State Tax Return	Copies of last two pay stubs
(Circle One)	(Copies are required per IRS requirements for the YMCA)		

Please use the space below to explain the family situation or any extenuating circumstances

YMCA Use Only	
<input type="checkbox"/> Interview Conducted? <input type="checkbox"/> Income Verified?	
Plan:	_____
Fee Reduction at _____%	
Applied to:	<input type="checkbox"/> Membership Only <input type="checkbox"/> Programs Only <input type="checkbox"/> Membership AND Programs
Expiration Date:	_____ Notes: _____
Y Staff Making Determination:	_____ Y Executive Director: _____