



BEDELL FAMILY YMCA * 1900 41ST STREET * SPIRIT LAKE, IA 51360 * 712-336-9622

Name of Applicant _____
Address _____ City _____
State _____ Phone Number _____ Alternate Phone _____
Date of Birth _____ Have you ever applied for Financial Assistance before? Yes No

Type of Membership you are requesting:

Family Senior Family Single Parent Adult Senior Adult College Teen Youth

Senior denotes that one member is a minimum of 65 years of age to qualify for senior family or a senior adult membership.

HOUSEHOLD MEMBERS (includes adult couples and legal dependents — to include an 18-23 year old, proof of 12 credit hours must be provided in either high school or college). Please provide attached piece of paper if need be.

Name _____ Date of Birth _____ Relationship _____
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Please give a short explanation of **why** you are requesting financial assistance. *Attach a separate sheet of paper if needed.*

INCOME INFORMATION - (Must provide copies for proof of all income from all adults in the household)

Copies of the following documentation are require to process this application:

**Most recent income tax return

**Last 2 most recent pay stubs

**Letter from government agency

Applicant's Employer _____ Phone Number _____
 Full Time Part Time Hours Worked Per Week _____
Spouse's Employer _____ Phone Number _____
 Full Time Part Time Hours Worked Per Week _____

Monthly Gross Income \$ _____ Other Household Income \$ _____ Total Monthly Gross Income \$ _____
(child support, alimony, etc.)

Please list the dollar amount you are willing to pay or have the ability to pay?

Membership \$ _____ per month Program \$ _____ per session

In what way could you perform volunteer work for your YMCA? _____

Notification of your assistance will be mailed to you within two weeks.

By signing this application you are certifying that the information is true, accurate, and complete to the best of your knowledge.
I understand that this financial assistance is short term only.

Applicant's Signature _____ Date _____