

EMPLOYMENT:

Your employer: _____ Occupation: _____

Address: _____

Phone: _____ How long employed? _____

Spouse/roommate employer: _____ Occupation: _____

Address: _____

Phone: _____ How long employed? _____

Are you enrolled in school? _____ Full time: _____ Part-time: _____ Financial Aid: _____ Amt. of aid: _____

Are you currently a Y member? _____ If yes, membership expiration date: _____

INCOME INFORMATION:

Yours

Spouse/Roommate

Family Size: _____

Yearly Gross Salary/Wages: _____

Other Income (Gov't Asst): _____

Alimony, Child Support: _____

Social Security, Pension, etc. _____

Unemployment Compensation: _____

Do you receive other aid, such as food stamps or housing assistance? _____

Please list type and amount per month: _____

Other Income _____

EXPENSES:

List your main monthly expenses: *Expense* *Explanation*

Housing: _____

Food: _____

Utilities: _____

Transportation: _____

Special Circumstances/Hardship: _____

Other (explain): _____

What can you afford to pay towards the program or membership you seek? \$ _____

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

Childcare/Camp: \$ _____ per week.

Please indicate the program or membership service for which you are applying:

Membership: _____ Childcare: _____ Camp: _____ Program: _____

