



APPOINTMENT

Date: _____

Time: _____

Please complete
both sides of
this form.

Financial Assistance Application CONFIDENTIAL WHEN COMPLETED

Payer Information

First Name: _____ Last Name: _____

Address: _____ Postal Code: _____

Birth Date (YYYY/MM/DD): _____ Phone: _____

Emergency Contact: _____ Phone: _____

List the names of family members needing assistance.

First Name/Last Name:	Age:	Birth Date (Y/M/D):	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE COMPLETE PAGE 2 ...

Office Use Only

Membership
 Campership
 Child Care

Fee \$: _____

Monthly Pre-Authorized Payments: _____

Membership Terms: _____

Campership Terms: _____ Location: _____

Child Care Terms: _____ Location: _____

Staff Signature: _____ Date: _____

Financial Assistance Application

Please complete the following budget information for yourself or the family unit applying for membership. During your Financial Assistance interview, we will need to see verification of these amounts (example: pay stub, rent receipt, utility statement, etc.). Please bring these papers to the interview.

	Office Use Only	
	Adjusted Maximums	Staff
Monthly net income from all sources		
Employment Earnings \$	\$	
Employment Insurance/Social Assistance \$	\$	
Alimony/Child Support \$	\$	
Pension/Child Tax Credit \$	\$	
Other \$	\$	
Total Monthly Income \$	\$	

Monthly Expenses

Food, Clothing, Basic Needs \$	\$	
Utilities (gas, hydro) \$	\$	
Insurance \$	\$	
Rent/Mortgage \$	\$900.00	
Property Taxes \$	\$	
Lease(s), Loan(s), and other Debt Payments \$	\$400.00	
Telephone \$	\$35.00	
Cable \$	\$35.00	
Travel and Transportation (gas, bus tickets) \$	\$125.00	
Other \$	\$	
Other \$	\$	
Total Monthly Expenses \$	\$	
Income – Expenses \$	\$	

What is the approximate value of your assets (car, house, RSP's, investments)?: \$ _____

Approximately how much can you contribute towards fees?: \$ _____

Applicant please read and sign:

I am applying for financial assistance because I am unable to pay full fees. The information presented in this form is correct. If my financial circumstances change, I will notify the YMCA-YWCA of Guelph. I agree to meet my payments. I understand privileges may be suspended if I do not comply with this agreement.

Signature: _____ Date: _____