	OFFICE USE ONLY: RECEIVED BY: Application Complete On:/_/			
MAILING ADDRES CELL PHONE: ( PROGRAM:	S: HOM ) HOM YEAR:	E PHON	APPLICANT NAME: CITY/STATE/ZIP: IE: ()E ENROLLMENT STATUS: ROM THE YMCA OF THE PALOUSE?	MAIL:
MONTHLY INCOM		$\overline{\mathbf{n}}$	HOUSEHOLD MEMBER ADULT/PARENT/GUARDIA ADULT/PARENT/GUARDIA	AN
Your gross income 2 <sup>nd</sup> Adult's gross income	Rent/Mortgage Utilities		CHILD CHILD CHILD CHILD	
Child Support Received Aid to Dependents	Telephone       Vehicle       Payment		Who has custody of the chi Do parents share child care	ld(ren)?
Welfare Alimony Receiving	Vehicle Insurance Medical/Dental Expenses		TO QUALIFY FOR FINANCIAL ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS: I FILED FEDERAL I DID NOT FILE	
Food Stamps Social Security Social Security	Tuition/College         Loans         Alimony Paying         Child Support		₽	FEDERAL TAXES FOR LAST YEAR
Disability 401K/Retirement Funds Annuity/Investment	Payment Childcare Other		° Last year's Federal Tax Forms for all incomes in the household	° Checking and savings accounts for all adults in the household for the
Income Other Income Total	Other Total		° Last 2 pay stubs for all adults in the household ° Current rental agreement or mortgage statement	last 3 months ° Current rental agreement or mortgage statement
TELL US MORE Please attach a signed le nformation or explain ex circumstances that were application.	xtenuating		I certify that all information and complete to the best of agree to notify the YMCA of changes to my financial situa	on this application is true my knowledge. I hereby the Palouse if there are any
How did you hear about the YMCA of the Palouse?			Signature	Date