I'mcd	RECEIVED BY:	-	OFFICE USE ONLY: Application Comple	te On://	
ARTICIPANT NAME: _		AF	PLICANT NAME:		
AAILING ADDRESS: CELL PHONE: () HOME PHONE		CI	TY/STATE/ZIP:		
ELL PHONE: ()	НОМЕ РНО)NE: ()EM	NAIL:	
ROGRAM:	YEAR:		ENROLLMENT STATUS:		
VE YOU PREVIOUSLY API YES. WHEN?	PLIED FOR FINANCIAL ASSISTANCI	E FROM T	THE YMCA OF THE PALOUSE? 🔲 ነ	YES 🗌 NO	
	COME & EXPENSES	$\backslash ($	HOUSEHOLD MEMBE	RS:	
MONTHLY INCOME	MONTHLY EXPENSES		ADULT/PARENT/GUARDIAN		
Your gross income			ADULT/PARENT/GUARDIAN		
	Rent/ Mortgage		CHILD		
			CHILD		
2 nd Adult's gross income	Utilities		CHILD		
Child Support	Telephone		CHILD		
Received Aid to Dependents	Vehicle		Who has custody of the		
	Payment] [(Do parents share child c	are costs?	
Welfare	Vehicle Insurance	`			
Alimony Receiving	Medical/Dent	1			
Food Stamps	al Expenses Tuition/Colle	/	TO QUALIFY FOR FIN		
rood stamps	ge Loans	/	PROVIDE THE FOLLO	WING DOCUMENTS:	
Social Security	Alimony		I FILED FEDERAL TAXES	I DID NOT FILE	
Social Security	Paying Child Support		LAST YEAR	FEDERAL TAXES FO	
Disability	Payment			LAST YEAR	
401K/Retirement	Childcare				
Funds Annuity/	Other		*Last Year's Federal	*Checking and saving	
Investment Income			Tax Forms for all	accounts for all adult	
Other Income	Other	/	incomes in the	in the household for	
Total	Total	1/1	household	the last 3 months	
			*Last 2 pay stubs for all		
		~ 1	adults in the household	*Current rental	
			*Current rental	agreement or	
ELL US MORE		11	agreement or mortgage	mortgage statement	
lease attach a sior	ed letter to include		statement		
-	r explain extenuating		\geq	·	
		1/	I certify that all information	on this application is tru	
circumstances that were not included on			and complete to the best of	my knowledge. I hereby	
his application.)	to notify the YMCA of the Pa	alouse if there are any	
		ノー	changes to my financial situ	ation within 5 business o	
w did you haar ahaw	t the VMCA of the Delevice?				
w ala you near abou	t the YMCA of the Palouse?				
		11	 Signature	Date	