

## Winona Family YMCA Financial Assistance Application

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

| Applicant information                                                                                                                                                                                                                                                                                       | Date of Birth:                                      |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------|
| Name: Gender: M / F / NB Email:                                                                                                                                                                                                                                                                             |                                                     |                                                                                    |
| Full Address:                                                                                                                                                                                                                                                                                               |                                                     |                                                                                    |
| Cell Phone: H                                                                                                                                                                                                                                                                                               | lome Phone:                                         |                                                                                    |
| Emergency Contact Name:                                                                                                                                                                                                                                                                                     | Phone Number:                                       |                                                                                    |
|                                                                                                                                                                                                                                                                                                             |                                                     |                                                                                    |
| I am applying for                                                                                                                                                                                                                                                                                           |                                                     |                                                                                    |
| ☐ Two Adult Family Membership                                                                                                                                                                                                                                                                               | ☐ Young Adult Membership (18-25)                    |                                                                                    |
| ☐ One Adult Family Membership                                                                                                                                                                                                                                                                               | ☐ Youth Membership (under 18)                       |                                                                                    |
| ☐ Senior Membership (62+)                                                                                                                                                                                                                                                                                   | ☐ Programs Only                                     |                                                                                    |
| ☐ Adult Membership (26+)                                                                                                                                                                                                                                                                                    |                                                     |                                                                                    |
| Attach one or more of the following documents  1040 Federal Tax Return for last year (can be a Statement of non-file from the IRS (can be appr If you do not have either of the above documen Supplemental Form  Other individuals living in the household                                                  | pproved for a oved for a 3-n                        | 1-year membership)<br>nonth to 1-year membership)                                  |
| Name                                                                                                                                                                                                                                                                                                        | Gender                                              | Date of Birth                                                                      |
|                                                                                                                                                                                                                                                                                                             | M/F/NB                                              |                                                                                    |
|                                                                                                                                                                                                                                                                                                             |                                                     |                                                                                    |
|                                                                                                                                                                                                                                                                                                             | M/F/NB                                              |                                                                                    |
| Application certification I certify that all of the above information is true and understand that my membership privileges are submembership. I understand that if I do not provide the assistance or renewal of assistance, my application applications containing ALL the necessary paperwood.  Signature | oject to the sar<br>he required do<br>n may be deni | me policies of a full paying cumentation for financial ed or terminated. Completed |
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| Winona Community HUB (optional) The Winona Family YMCA is a referral partner for the Winona Community HUB, which provides assistance to families experiencing financial or health challenges. Below are optional statements to help determine if the YMCA should refer you to the HUB for support.                |
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| <ul> <li>□ I am experiencing challenges with food insecurity</li> <li>□ I am experiencing challenges with housing insecurity</li> <li>□ I have concerns about my mental health</li> <li>□ I have had 5+ emergency department visits within the past 12 months</li> <li>□ I am a Winona County resident</li> </ul> |