



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Winona Family YMCA Financial Assistance Supplemental Form

This form must be filled out if no 1040 or Statement of Non-File is provided. Please complete this form and return it to the front desk along with your Financial Assistance Application and supporting documents. We may need to contact you to set up a meeting to discuss your discount amount and length of membership.

Name: _____
Email: _____ **Phone:** _____

Have you filed income tax returns or have a 1040 from last year? **YES** **NO**

I am currently employed: **Yes** **No**
(If yes, please provide the below information, also provide 3 months of paystubs)

Primary Employer: _____ Salary/Hourly Wage: \$ _____ Hours Per Week: ____

Additional Employer: _____ Salary/Hourly Wage: \$ _____ Hours Per Week: ____

(If no, please include reason for unemployment and estimated timeline until employed again)

My spouse/significant other in the same household is currently employed: **Yes** **No** **N/A**
(If yes, please provide the below information, also provide 3 months of paystubs or 1040)

Primary Employer: _____ Salary/Hourly Wage: \$ _____ Hours Per Week: ____

Additional Employer: _____ Salary/Hourly Wage: \$ _____ Hours Per Week: ____

(If no, please include reason for unemployment and estimated timeline until employed again)

Submit form and attachments by email to info@winonaymca.org or drop at the front desk

Income & Assistance Received: Please check all that apply and include official documentation.

- Social Security/Disability Award Letter
 - Child Support/Alimony
 - Housing Subsidy
 - Unemployment
 - Food Share and/or WIC (If yes, please provide amount per month)
 - Other- describe and provide documentation (ex: kinship/foster supplements, caretaker supplements)
-

Please give a summary of your current financial situation and contributing factors, including any special or extenuating circumstances

By signing this document, I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above. I understand that if I falsify any of the information, I will not be eligible for assistance now and/or in the future. Completed forms containing ALL the necessary paperwork will be reviewed within 14 business days.

Signature

Date

BE COMPLETED BY STAFF

Discount amount: _____ Length of membership: _____

Additional notes:
