



# YMCA OF ST. JOSEPH PROGRAM FAIR SHARE APPLICATION

Please print clearly and complete all information. Please provide your tax return/paystubs for verification of your income. We will not keep your proof of income.

ID Number

OFFICE USE ONLY

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## APPLICANT'S INFORMATION

### Billing Party

First Name	MI	Last Name	M/F	Birth Date
Cell	Race <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____		Email	

### Billing Address

Street	City	State	Zip
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*List names (including last names) of all adults and dependents residing in your household*

### Household Member Information

First Name	Last Name	M/F	Birth Date	Relationship

HOUSEHOLD ANNUAL INCOME	APPLICANT
Total Gross Wages (tax return or pay stubs)	
Child Support	
Social Security	
Disability	
Unemployment	
Alimony	
<b>Total Annual Income</b>	

STAFF USE ONLY
Date Received
Received By (name)
Date Approved
Approved By
Approved %
Approved Weekly \$

### TELL US YOUR STORY

(Please briefly explain why you need financial assistance and how the YMCA can help you)

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