



YMCA OF ST. JOSEPH FAIR SHARE APPLICATION

Please print clearly and complete all information. Incomplete applications will delay the processing of your request. **This application MUST be accompanied by verification of all current household income.** ALL COPIES SUBMITTED WITH APPLICATION FORM, WILL NOT BE RETURNED.)

STEP 1 Applicant's Information

Please Check one: MEMBERSHIP PROGRAMS

Guest ID Number

OFFICE USE ONLY

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Please Check one:

- Household
 Household Couple
 AOA Household
 AOA
 Adult
 Single Parent
 Young Adult
 Teen
 Youth

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

*List names (including last names) and ages of dependants residing in your household
(Only 2 adults are allowed to be on a membership)*

Household Member Information					
	First Name	Last Name	M/F	Birth Date	Relationship
Adult					
Dependent					
Dependent					
Dependent					
Dependent					
Dependent					
Dependent					

ADMINISTRATIVE USE ONLY			
Membership Level	Membership Type	Household Income	Approved %/Amt.
Date Received	Staff Received By (Initials)	Date Approved	Approved By

STEP 2*Verify current total household income and submit supporting documentation*

HOUSEHOLD MONTHLY INCOME	APPLICANT	ADULT #2	CHILDREN	HOUSEHOLD MONTHLY INCOME TOTAL
Total Gross Wages				
Child Support				
Social Security				
Disability				
Unemployment				
Alimony				
Retirement/Pension				
EBT/Food Stamps				
Housing/Utilities Assistance:				
Other Assistance (state aid, etc.)				
Total Monthly Income				
Total Annual Income				

TELL US YOUR STORY

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

I have read and agree to all terms of the YMCA Membership

Signature of Responsible Party	Date
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