

YMCA of Middletown ACCESS Application Form

Return Completed Application to:

YMCA of Middletown
81 Highland Ave
Middletown, NY 10940
845-344-9622 X 246

Please fill out this form completely and attach all necessary documents (*photocopies only*). **Incomplete applications will not be processed and will be returned.** If approved for assistance, the amount due must be paid via check, credit card or cash at the time of registration.

Copies of the following documents must be provided with your application.

1. **Two** most recent pay stubs for each working person living in the home.
2. First page of most recent tax return that show total income and # of dependents.
3. Documentation showing all government assistance received (if any) including but not limited to: Section 8, ADC benefits, SSI, Unemployment, Disability, etc.
4. Documentation showing any other types of support received (if any) including but not limited to: child support payments, school scholarship, pension benefits, etc.
5. Please provide a narrative to clarify your needs or special circumstances.
6. Please do not send any registration forms in with this application.
7. Please understand that without proper copied documents your application will be returned.

Please print the all information.

Date of Application: _____ Date of Birth: _____
 Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City: _____ Place of Employment: _____
 State/ Zip: _____ Length of Employment: _____

Spouse/ Child (ren)'s Name (s)	Age	School	Birth Date
1.			
2.			
3.			
4.			
5.			

Application is for:

Membership: Family ___ Adult ___
 Seniors ___ College ___
 Teen ___ Youth ___

Programs: _____

Child Care : Preschool ___ Club Kid ___

Other: _____

Camp **Only circle sessions needed**

Summer camp _____ Sessions 1 / 2 / 3 / 4

Summer pre camp or post camp 1 / 2 / 3 / 4

Extended care 1 / 2 / 3 / 4

* Please note there is no financial assistance for
 Trip Week or School's Out Vacation Camp*

- Have you ever applied for Access assistance before at the YMCA? Yes No
If yes, for what? _____
- Are you currently in any type of job training or employment transition program? _____
What program? _____ Are you attending school? _____ If yes, what school? _____ Full- Time _____ or Part-Time _____
- Status (check all that apply) Living Alone Divorced Single
 Living with children Living with Spouse Living with Parents
 Widowed Living with other
- How many adults (age 18 or older) are living in the home? _____
- How many Children (age 17 or younger) are living in the home? _____
- What do you pay monthly for housing? \$ _____
- Is your housing costs reduced through family, sharing, Section 8 or any other agency?
_____ Please explain _____

Below please itemize all your monthly income and benefits.

Wage, salaries, & tips	\$ _____	Unemployment compensation	\$ _____
Food Stamps	\$ _____	Social Security compensation	\$ _____
Family support	\$ _____	Disability compensation	\$ _____
Child Support	\$ _____	Social Service Supplement	\$ _____
Workmen's Comp	\$ _____	Alimony	\$ _____
Other	\$ _____	Section 8	\$ _____
TOTAL INCOME		\$ _____	

Employer	Phone#	Hours worked Per week	Wage Salary/Hourly

In signing this application, I am verifying that the information I have provided is true and accurate.

Signature

FOR OFFICE USE ONLY

Application Reviewed on _____	Program/ Membership _____
Annual income \$ _____	% Scholarship _____
Denied—Reason: _____	Notified _____
Approved Amount:	
Program \$ _____	Membership \$ _____
Program \$ _____	Membership \$ _____

