



HOUSEHOLD INCOME

All personal information will be kept confidential and secure. We ask that applicants consider all types of income, including: Wages, Tips, Retirement, Social Security (SS), Supplemental Security Income (SSI), Disability, Unemployment, Temporary Assistance for Needy Families (TANF), Child Support, Housing Assistance, Utility Assistance, and Food Stamps.

Please remember to count the income of anyone living in your household and contributing to household expenses such as rent, utilities, or groceries.

Total Annual Income:	
The maximum amount that I can pay per month for my Y Membership is:	

ADDITIONAL INFORMATION

Please share why you are requesting Access For All assistance for YMCA membership or programs:

SUPPORTING THE Y

Access For All assistance is made possible through the generosity of donors and members. Are you willing to share your YMCA story to help support the Y's fundraising campaign? Yes No

Are you interested in volunteering? Yes (In what area(s)? _____) No

CERTIFICATION OF INFORMATION

I certify that the information listed on this form is correct to the best of my knowledge. I understand that the YMCA of Snohomish County is a nonprofit organization and that Access For All assistance is made possible through the generosity of donors and members. I understand that Access For All assistance will be awarded on a first-come, first-served basis. I agree to notify the Y if my financial situation improves, so that my Access For All assistance can be re-evaluated, thus providing more opportunities for others in our community.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Date:		Membership Type:	
Discount Group Level:		Monthly cost per scale:	
		Approved rate:	
Access For All Administrator:			
Name _____		Signature _____ Date _____	