

**BEAUFORT COUNTY YMCA  
APPLICATION FOR FINANCIAL ASSISTANCE**

Please provide photo copies of all items listed below which pertain to you, and submit with your application. Your application will not be processed until all required documentation is provided—**NO EXCEPTIONS**. Please allow 2-3 weeks for application to be completed.

**Everyone must provide:**

\*Current year's Federal Tax form or a transcript of your taxes from the IRS. (Instructions are listed below for obtaining this transcript should you not have a copy, or did not file taxes.)

**Additional information (if applicable)**

- Last federal income taxes that were filed (1040 or 1040EZ)
- Three current, most recent pay stubs for all working adults in the household
- Food Stamp Statement
- Social Security Statement
- Disability Statement
- Child Support Order
- Unemployment Statement
- Workers Compensation Statement
- School schedule for any student on the membership who is between the ages of 18-23

*\*The IRS tax transcript is for those who do not have a copy of or did not file taxes.*

*All applicants must have a transcript of form regardless of your employment status.*

**To obtain this letter:**

- Call the IRS at 1-800-829-1040 (This is an automated system. You will be prompted to enter the appropriate information. Choose the option for "personal tax account", and follow the prompts.)
- Once this process is complete, the IRS will mail the letter to your home. You should receive it within 10-15 days

**YMCA Mission:**

To put Christian principles into practice through programs  
that build healthy spirit, mind, and body for all.

Beaufort County YMCA  
**Financial Assistance Application**

Today's Date \_\_\_\_\_  
Rec'd By (Staff Initials) \_\_\_\_\_

**ALL SECTIONS MUST BE COMPLETE FOR YOUR APPLICATION TO BE PROCESSED.**

\_\_\_\_\_ New Membership \_\_\_\_\_ Membership Renewal  
If Child Care please specify: \_\_\_\_\_ Summer Camp \_\_\_\_\_ Afterschool \_\_\_\_\_ Before-school  
\_\_\_\_\_ ½ day Preschool

**Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthday \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
Zip \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Phone \_\_\_\_\_  
Number of Dependents \_\_\_\_\_ **MUST BE CLAIMED ON TAXES**  
Employment Status:  Full Time  Part Time  Unemployed  Retired  Disabled  
Place of Employment \_\_\_\_\_ How Long \_\_\_\_\_

**2<sup>nd</sup> Adult in Household Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthday \_\_\_\_\_  
Employment Status:  Full Time  Part Time  Unemployed  Retired  Disabled  
Place of Employment \_\_\_\_\_ How Long \_\_\_\_\_

**Monthly Family Income (All line items must be complete, if not applicable write N/A.)**

Gross Monthly Wages \_\_\_\_\_ Disability \_\_\_\_\_  
Child Support \_\_\_\_\_ Unemployment \_\_\_\_\_  
Social Security \_\_\_\_\_ All Other \_\_\_\_\_  
Workers Comp \_\_\_\_\_ Alimony \_\_\_\_\_  
Food Stamps \_\_\_\_\_  
**TOTAL** \_\_\_\_\_ Please total your monthly income

**List All Dependents You Would Like Included On This Membership**  
(You must claim them on your taxes)

1. \_\_\_\_\_ Relation \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
2. \_\_\_\_\_ Relation \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
3. \_\_\_\_\_ Relation \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
4. \_\_\_\_\_ Relation \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
5. \_\_\_\_\_ Relation \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
6. \_\_\_\_\_ Relation \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

(If 18-23 years of age attending college student, please provide a current school schedule.)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_