

CURRENT STATUS

Please itemize your gross annual household income. Documentation is required.

	Your Income	Spouse's Income	Other Income	Expenses	
Salary, wages, and tips				Rent/Mortgage	\$
Unemployment compensation				Utilities	\$
Social Security Compensation				Food	\$
Aid for Dependent Children				Clothing	\$
Food Stamps				Phone	\$
401(k) Retirement				Automobile	\$
Alimony				Alimony	\$
School loan income				Child Support	\$
Housing allowance				Medical	\$
Other				Other (Please List)	\$
Total Annual Income:				Total Expenses:	\$

Program Requesting: Childcare Camp Program _____

Membership (check one): ___ Family ___ Single Parent Family ___ Adult ___ Teen
 ___ Youth ___ Senior ___ Senior Couple

How much are you able to pay for the area/program you are applying for?

Membership \$ _____ (Per Month/Year)	Child Care \$ _____ (Per month)	Camp \$ _____ (Per session)	Programs \$ _____ (Per session)
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I verify that this information is true and complete to the best of my knowledge. I grant permission to the Plattsburgh YMCA to verify this information. I agree to notify the YMCA if my financial status changes.

Signature _____ Date _____

DIRECTOR USE ONLY

Scholarship Awarded:

___ 20% ___ 30% ___ 40% ___ 50%

___ Family ___ Single Parent Family ___ Adult ___ Youth ___ Teen ___ Senior
 ___ Senior Couple

Authorized by: _____ Date: _____