



For Staff Use-Date Received: \_\_\_\_\_

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## San Luis Obispo County YMCA Financial Assistance Application

### One application per membership per household

**Applications with missing documentation or incomplete information will not be considered for assistance.**

Please return your completed application and required documentation to:

**North County**  
 Fax: (805) 237-6542  
 Email: [jmullins@sloymca.org](mailto:jmullins@sloymca.org)  
 Mail: SLO County YMCA  
 Financial Assistance  
 600 Nickerson Drive  
 Paso Robles, CA 93446

**San Luis Obispo/South County**  
 (805) 543-6202  
[pflores@sloymca.org](mailto:pflores@sloymca.org)  
 SLO County YMCA  
 Financial Assistance  
 1020 Southwood Drive  
 San Luis Obispo, CA 93401

### Required Documentation

**You must submit 2 of the following documents from each adult in the household to be considered for Financial Assistance:**

- |   |   |
|---|---|
| 1. Most recent tax return (1040 or W-2)                           | 2. Two (2) most recent bank statements  |
| 3. Last two (2) paycheck stubs<br>(If working, this is mandatory) | 4. Copy of other financial assistance as applicable<br>(i.e. SSI, AFDC, Food Stamps, School Loans, etc) |

Primary Adult Applicant's Name:		Date of Birth:
Street Address:		City/Zip code:
Cell Phone:	Home Phone:	
Email address (used for award notification):	Driver's License #	State of Issue:
Employers Name:	Employer's address:	
Length of Employment:		
Secondary Adult Applicant's Name:		Date of Birth:
Cell Phone:	Home Phone:	
Employer's Name:	Employer's address:	
Total number of adults living in the household:		
Total number of children in the household (17 and under):		
Total number of people in the household:		
Name of Child #1: Is this a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth:
Name of Child #2: Is this a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth:
Name of Child #3: Is this a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth:

