



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><u>(If working, this is mandatory)</u> | 4. Copy of other financial assistance as applicable<br>(i.e. SSI, 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:

Monthly take-home income (net income) of primary applicant: (attach verification as indicated on page 1)
Monthly take-home income (net income) of secondary adult in household: (attach verification as indicated on page 1)
Total monthly take-home income (net income):
Are you currently receiving any financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No What type and how much? (SSI, Child Support, Food Stamps, DSS/Tri-Counties, Student loans, etc) Type: _____ Monthly Amount \$: _____
Have you received YMCA Financial Assistance in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No

Select the programs you will be enrolling in:

School Year	Summer	Sports	Membership
<b>Before and After School</b> <input type="checkbox"/> North County <input type="checkbox"/> San Luis Obispo/Los Osos <input type="checkbox"/> South County	<b>Specialty Camps</b> <input type="checkbox"/> Leadership Development (ages 12-17) <input type="checkbox"/> Youth Institute	<b>South County Youth Sports</b> <input type="checkbox"/> Bitty Sports <input type="checkbox"/> Youth Sports <input type="checkbox"/> Skate Park	<b>SLO Fitness Membership</b> <input type="checkbox"/> Personal training <input type="checkbox"/> Membership
<b>Preschool</b> <input type="checkbox"/> South County	<b>Summer Day Camp</b> <input type="checkbox"/> South County <input type="checkbox"/> San Luis Obispo <input type="checkbox"/> North County/North Coast	<b>SLO Youth Sports</b> <input type="checkbox"/> Bitty Sports <input type="checkbox"/> Youth Sports <input type="checkbox"/> Adult Sports	<b>Events</b> <input type="checkbox"/> Fun Runs
<b>High School Programs</b> <input type="checkbox"/> Youth & Government		<b>North County Youth Sports</b> <input type="checkbox"/> Youth Sports	
<b>Vacation Day Camps</b> <input type="checkbox"/> Thanksgiving <input type="checkbox"/> Winter <input type="checkbox"/> Spring			

Please direct any questions regarding this application and to check on the status of a submitted application to:

North County: Jeri Mullins  
 Phone: (805) 239-3047  
 Email: [jmullins@sloymca.org](mailto:jmullins@sloymca.org)

San Luis Obispo / South County: Patti Flores  
 Phone: (805) 543-8235 ext 113  
 Email: [pflores@sloymca.org](mailto:pflores@sloymca.org)

It is the policy of the San Luis Obispo County YMCA to provide services within the limits of our resources to anyone who wishes to participate in our programs and understand the benefits of the Y, regardless of his/her ability to pay the standard fees. The San Luis Obispo County YMCA believes that a strong sense of ownership and pride is developed if the assistance recipient contributes to the cost of his/her Y involvement. Therefore, all applicants will be asked to pay a portion of the fees involved. The San Luis Obispo County YMCA determines its awards based on the City of San Luis Obispo's report on affordable housing standards.

The statements I have given are true and correct. I have read and agree to the above conditions for San Luis Obispo County YMCA financial assistance.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Applicant's Name (printed)

\_\_\_\_\_  
 Date

**Applications may take up to 10 business days to process. Financial Assistance must be confirmed prior to enrolling in YMCA programs**

For office use only
Date of Award _____ Date Received _____ Percent Awarded _____ Annual Income _____
Date Entered _____ Date Letter Sent _____ Approved By _____