

TOTAL INCOME

YMCA of Fredericton **MEMBERSHIP ASSISTANCE APPLICATION**

Welcome Desk Staff Use Only
Completed form
Attached proof of income
(See below for specific documents
required.)
Initials of staff member
accepting application

Please complete ALL information:

Please complete	ALL information:			Initials of staff member accepting application
FULL NAME:	EMAIL:	<u> </u>		
	_ CITY:			
	urrent proof of your income (one month of paystubs/EI or Social of Assessment) for each adult in the household is required to be			
Have you ever be	een a member of the YMCA of Fredericton? YES / NO			
If so, have you p	reviously received Membership Assistance? YES / NO			
Please provide a	brief explanation of your current financial situation (i.e. unemployed,	reduced inco	me, medical	expenses, etc.):
Please list all fam	ily members included in your household:			
In alcolation	Full Name		A ===	Date of Birth (man (dd/m)
Include in Membership?	Full Name		Age	Date of Birth (mm/dd/yy)
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	Household Income			Per Month
Income (yourse	•			
Income (spouse	9)			
El Benefits				
Social Assistance	e Benefits			
	Spousal Support			
Canada Child Ta	x Benefit			
Student Loan				
Savings				
Other (please s	pecify)			

Please list any special or extraordinary expenses that you incur, outside of regular household expenses, i.e. medical expenses (Note: This does not include rent/electricity/internet/television/cell phone expenses, student loan payments, vehicle insurance, vehicle payments, etc):

\$

Special/Extraordinary Expenses (please list):	Per Month
TOTAL SPECIAL/EXTRAORDINARY EXPENSES	\$

I would like to apply for Membership Assistance because I am unable (not unwilling) to pay the full fee under the standard payment options. If my financial circumstances change, I will notify the YMCA to discuss my financial situation.

Signature:	D	ate:	