



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

|                             |
|-----------------------------|
| Date application turned in: |
| Staff taking in application |
| Membership Unit #           |

**MEMBERSHIP FOR ALL APPLICATION - YMCA of Auburn-Lewiston**

Applicant's Name \_\_\_\_\_ [Please print]      D.O.B. \_\_\_ / \_\_\_ / \_\_\_    M/F \_\_\_  
 Address \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

**Household Information:** Please list all members living in your household.

[Note: Only 2 adults total are allowed on a family membership.]

| Name | M/F | Birth Date | Relationship | On membership Y/N |
|------|-----|------------|--------------|-------------------|
|      |     |            |              |                   |
|      |     |            |              |                   |
|      |     |            |              |                   |
|      |     |            |              |                   |

**Applications returned without proper documentation will not be considered for review. To be considered for assistance, all applicants must provide the following for all adults living in the household. Proof of financial standing documents must be presented for one or more items listed below.**

- Most recent tax W2
- Check stubs for past two pay periods
- Verification of aid from federal, State or local agencies (WIC, SSDI, SSI, TANF, HUD, SNAP, etc.)
- Unemployment benefit statement
- Letter of residency if living in a group home or shelter
- Child support/alimony agreement
- Denial Letter from DHHS (for childcare application only)

**INCOME & ASSISTANCE**

|  | <u>YES</u>                          | <u>NO</u>                           | <u>Applicant</u> | <u>2<sup>nd</sup> ADULT</u> |
|--|-------------------------------------|-------------------------------------|------------------|-----------------------------|
| What is the average amount of hours you work per week? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | /Wk              | /Wk                         |
| What is your hourly wage?                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | \$ /Hr           | \$ /Hr                      |
| Social Security or SSDI                                | <input type="checkbox"/>            | <input type="checkbox"/>            | \$ /Mo           | \$ /Mo                      |
| Unemployment   | <input type="checkbox"/>            | <input type="checkbox"/>            | \$ /Mo           | \$ /Mo                      |
| TANF   | <input type="checkbox"/>            | <input type="checkbox"/>            | \$ /Mo           | \$ /Mo                      |
| Child Support or Alimony                               | <input type="checkbox"/>            | <input type="checkbox"/>            | \$ /Mo           | \$ /Mo                      |
| Food Stamps  | <input type="checkbox"/>            | <input type="checkbox"/>            | \$ /Mo           | \$ /Mo                      |
| Housing Assistance                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | \$ /Mo           | \$ /Mo                      |
| Pension or Retirement                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | \$ /Mo           | \$ /Mo                      |
| Worker's Compensation or Disability                    | <input type="checkbox"/>            | <input type="checkbox"/>            | \$ /Mo           | \$ /Mo                      |
| Income from Family Support                             | <input type="checkbox"/>            | <input type="checkbox"/>            | \$ /Mo           | \$ /Mo                      |
| Other funding or income you receive.                   | <input type="checkbox"/>            | <input type="checkbox"/>            | \$ /Mo           | \$ /Mo                      |
| Gross Annual Income                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | \$               | \$                          |

|   |  |
|---|--|
| Are there extenuating circumstances that should be considered while reviewing your application? Please explain.   | *If you have no income, how are you meeting your expenses? Please explain. |
| <b>Membership Type:</b><br><input type="radio"/> Youth<br><input type="radio"/> Young Adult(19-23)<br><input type="radio"/> Adult (24-61)<br><input type="radio"/> Senior (62+)<br><input type="radio"/> Family | Program(s) of interest (Youth sports, summer camp, daycare):               |
| I feel I can pay \$ _____ towards my membership.  | I feel I can pay \$ _____ towards program(s)                               |

**APPLICANT'S STATEMENT**

- I certify that all the information provided is true, and that I am responsible to notify the YMCA of Auburn-Lewiston of any changes to my family or financial status immediately should they occur.
- Have you or anyone listed on this application ever been convicted of a sexual offense? Y or N

*The Y conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs the Y reserves the right to cancel membership, end program participation, and remove visitation access.*

Date \_\_\_ / \_\_\_ / \_\_\_                      Applicant's Signature \_\_\_\_\_

|   |  |
|---|--|
| Is this application for a client that needs to be accompanied by a caregiver? |  |
| If yes: Name of organization  |  |
| If yes: Contact name, email, and phone number at the organization.            |  |

Please return completed application and documents to the Welcome Center at:  
**YMCA of Auburn-Lewiston**  
**62 Turner St.**  
**Auburn, ME 04210**

|  |   |
|--|---|
| <b>ADMIN PROCESSING:</b>   | <b>Annual Renewal date:</b>                           |
| <input type="radio"/> Financial documents attached (copies only) | <input type="radio"/> Contacted on:                   |
| <input type="radio"/> New  | <input type="radio"/> Price of membership/program: \$ |
| <input type="radio"/> Renewal                                    | <input type="radio"/> Subsidy %:                      |
| <input type="radio"/> NSOPW checked                              | <input type="radio"/> Applicant's Contribution: \$    |