



Please describe any new events in your life, and explain how they have affected your financial circumstances. \_\_\_\_\_

**Optional Information:** *The following information assists the YMCA in applying for funding and in meeting the United Way Reporting Requirements. We ask that you answer the following optional information.*

*Ethnic Origin:* \_\_\_\_\_ *Gender of Head of Household:* \_\_\_\_ *Any Disability:* \_\_\_\_\_  
*How did you hear about the Seacoast Family YMCA?* \_\_\_\_\_

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA of any changes within 30 days, I understand I may be terminated from the ACCESS Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>THIS SECTION FOR OFFICIAL USE ONLY</b>
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Date Received: \_\_\_\_\_ Receiving Staff: \_\_\_\_\_

New Applicant: \_\_\_\_ Renewal: \_\_\_\_

Income Level: \_\_\_\_\_ income code: \_\_\_\_\_ Subsidy Amount: \_\_\_\_\_

Membership Type: \_\_\_\_\_ Period: \_\_\_\_\_ Program subsidy: \_\_\_\_\_

Membership Fee: \_\_\_\_\_ Cost with ACCESS: \_\_\_\_\_

Date Notified: \_\_\_\_\_ By: Letter Phone In Person

Processing Staff: \_\_\_\_\_

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Receipt # \_\_\_\_\_ Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Staff \_\_\_\_\_