

**BROWN COUNTY COMMUNITY YMCA
SPONSORSHIP APPLICATION**

Please allow ten business days for processing.

The total income of all adults living in the home must be included with this application.

(Family Membership will include all dependent family members as reported on the most recent Federal Tax Statement)

Attach copies of:

- 1) The front page of the most recent Federal Tax Statements,
 - 2) Most recent pay stubs and proof of expenses.
 - 3) And/or government aid allocation statements
- * The value of monthly rent covered by Section 8 must be considered as income.

Applications will not be considered without complete information.

PLEASE PRINT:

Date of Application _____

Names and ages of all persons living in household:

Please list your monthly income and expenses:

INCOME

Wages, Salaries, and Tips	\$ _____
Unemployment Compensation	\$ _____
Social Security Compensation	\$ _____
Child Support	\$ _____
Alimony	\$ _____
Food Stamps	\$ _____
Section 8 Allowance	\$ _____
Retirement Fund	\$ _____
Other (eg family, friends)	\$ _____
TOTAL INC.	\$ _____

EXPENSES

Rent/Mortgage	\$ _____
Utilities	\$ _____
Phone	\$ _____
Insurance	\$ _____
Child Support	\$ _____
Alimony	\$ _____
Medical	\$ _____
Food	\$ _____
Other	\$ _____
TOTAL EXP.	\$ _____

The information provided above is a complete representation of my financial situation. I understand that false information will be grounds for immediate cancellation of my membership, with no refund of monies paid. I understand sponsorships are awarded for membership and member program fees. Sponsorships are not awarded for school age childcare unless applicant has been denied Indiana Child Care Voucher Program. I know I must reapply annually.

Address

Phone

Signature of Applicant