



Unicoi County Family YMCA

601 Love Street Erwin, TN 37650

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Financial Assistance Application

Program Participant(s) _____	Gender M or F	Birthdate / / _____
_____	Gender M or F	Birthdate / / _____
_____	Gender M or F	Birthdate / / _____
Primary Responsible Party _____	Gender M or F	Employer _____
Work Phone _____	# Hours Worked Weekly _____	Hourly Wage _____
Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Email _____
Secondary Responsible Party _____	Gender M or F	Employer _____
Work Phone _____	# Hours Worked Weekly _____	Hourly Wage _____
Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Email _____
Address _____	City _____	State _____ Zip _____
Cell # _____	Home # _____	Work # _____

Please list all dependent household membership, their birthdates, their gender and their relationship to you, the applicant.

Name _____	Birthdate / / _____	Gender M or F	Relationship _____
Name _____	Birthdate / / _____	Gender M or F	Relationship _____
Name _____	Birthdate / / _____	Gender M or F	Relationship _____
Name _____	Birthdate / / _____	Gender M or F	Relationship _____

PROOF OF INCOME MUST ACCOMPANY THIS APPLICATION TO BE PROCESSED. YOUR LATEST TAX RETURN IS MANDATORY ALONG WITH ONE OTHER PROOF OF INCOME. FAILURE TO LIST ALL INCOME WILL RESULT IN DENIAL OF FINANCIAL ASSISTANCE.

INCOME	EXPENSE
Monthly Income Before Taxes	Monthly Expense
Job(s) _____	Rent/Mortgage _____
Unemployment _____	Car Payment(s) _____
Child Support _____	Insurance _____
AFDC _____	Phone _____
Retirement Income _____	Cable/Internet _____
Foster Child Support _____	
Pensions _____	Please list additional
Alimony _____	expenses beyond ordinary
Social Security SSI _____	living costs, that have
Food Stamps _____	contributed to your need
Financial Aid (Students) _____	for assistance _____
Student Loan(s) _____	
Total Income Monthly: _____	Total Expense Monthly: _____
Total Income Yearly: _____	Total Expense Yearly: _____