



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

Pittsfield Family YMCA: Y-Aid Application

Please fill out the following information, attach all documents and return to the Y-Aid Department, Pittsfield Family YMCA, 292 North Street, Pittsfield, MA 01201. Please print all information legibly.

Date of Application: _____ Home Phone: _____

Name: _____ Work Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____

Spouse's Name: _____ Work Phone: _____

Place of Employment: _____ Email: _____

Dependent Children Living at Home:

Name: _____ Age: _____ D.O.B. _____

Name: _____ Age: _____ D.O.B. _____

Name: _____ Age: _____ D.O.B. _____

Name: _____ Age: _____ D.O.B. _____

Have you applied for financial assistance before? Yes No If yes, when? _____

Are you a single-parent household? Yes No

Y-Aid is for: Membership Childcare Camp Sports

*****Please note that if this application is for childcare, you must be on the state waiting list.**

If assistance is for membership, please check the type of membership:

<input type="checkbox"/> Youth (6 months-13 years old)	<input type="checkbox"/> Teen (14-17 years old)	<input type="checkbox"/> Young Adult (18-24 years old)
<input type="checkbox"/> Adult (25-61 years old)	<input type="checkbox"/> Single Parent Family	<input type="checkbox"/> Family (2 adults)
<input type="checkbox"/> Family (3 adults)	<input type="checkbox"/> Senior (62+ years old)	<input type="checkbox"/> Senior Couple

Please itemize monthly household income:

Wages, Salaries, Tips: _____ Food Stamps: _____

Unemployment: _____ Child Support: _____

Social Security: _____ Alimony: _____

Other (please describe): _____

****Written documentation indicating current income is required with this application. One (1) month current pay stubs, verification of food stamps, Social Security assistance and child support must be submitted.**

What kind of volunteer service can you provide?

Facility cleaning: _____ Welcome Center support: _____

Youth Sports Coaching: _____ Special Events: _____

Other: _____

Please allow two weeks to process your application.
If you have questions, please call 413-499-7650. Thank you.



For Office Use Only:

Reviewed on _____	Date Letter Mailed _____
Type of membership _____	Amount of Award _____
Approved on _____	Approved by _____
Denied on _____	Reason _____