



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

300 W. Lanikaula Street  
Hilo, HI 96720  
808-935-3721

<https://islandofhawaiiymca.org/>

**FINANCIAL ASSISTANCE APPLICATION – YMCA FITNESS CENTER**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Salary/wages/tips: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Other sources of income: \_\_\_\_\_ Household size: \_\_\_\_\_

If unemployed, please explain how you support yourself financially: \_\_\_\_\_

If unemployed and receiving unemployment insurance compensation, when does this end? \_\_\_\_\_

Is there anything else we need to know about your financial situation: \_\_\_\_\_

Required Documentation:

- 1. Driver's License or State ID
- 2. Previous year tax return
- 3. Last 2 months of paystubs
- 4. Verification of DHS Assistance
- 5. Proof of Income
- 6. Optional: Personal Statement of Hardship \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YMCA Staff: \_\_\_\_\_

*Our financial assistance program serves individuals and families who show financial hardship. A portion or all of the membership dues may be waived for a limited period of time once it is reviewed by the YMCA & the CEO. Completed application & required documentation may be delivered to our office at 300 W. Lanikaula Street, Hilo, HI 96720*

YMCA Review Committee

Comments: \_\_\_\_\_  
\_\_\_\_\_

CEO decision: \_\_\_\_\_