



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

Hardin County Family YMCA

Open Door Financial Assistance Request

1st Adult: _____ DOB: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work Cell Email: _____

Employer: _____ Work Phone: _____

Emergency Contact Name: _____ Phone #: _____ Relationship: _____

Complete This Section For Family Memberships Only

2nd Adult: _____ DOB: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work Cell Email: _____

Employer: _____ Work Phone: _____

Emergency Contact Name: _____ Phone #: _____ Relationship: _____

Dependent Children Thru Age 24 Still at Home	<u>Age</u>	<u>DOB</u>	<u>School</u>	<u>Phone</u>
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- | | | | | | |
|----------|---|-------|-------|-------|-------|
| 1. _____ | M <input type="checkbox"/> F <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| 2. _____ | M <input type="checkbox"/> F <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| 3. _____ | M <input type="checkbox"/> F <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| 4. _____ | M <input type="checkbox"/> F <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| 5. _____ | M <input type="checkbox"/> F <input type="checkbox"/> | _____ | _____ | _____ | _____ |

Must Be Completed by Applicant for Consideration

HOUSEHOLD MONTHLY GROSS INCOME

Salary/ Wages _____

Child Support _____

Alimony _____

Gov Assist. _____

Food Stamps _____

Cash Assistance _____

School loans/grants _____

(amount after tuition)

Other Income _____

Required Documentation

- Federal income tax form** (as proof of non-filing status)
- Two current consecutive pay stubs or unemployment stubs for anyone working in the household**
- Copies of all government assistance for anyone in the household such as; SSI, SSA, Child Support, & workers Comp**
- Other Assistance such as Student loans and Grants**
- Backgrounds check for anyone 12 years and Older**

**The Application Must be completed and all required
Documentation Submitted to be Considered for
Financial Assistance.**

I certify that all the above information is true and complete to the best of my knowledge.

Signed _____ Date _____



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Hardin County Family YMCA Background Check

Lima Police Department
Bureau of records
117 E Market St
Lima, Ohio 45801

Would you please complete a record check on the following person.
The information is required in Qualifying the applicant for employment
at the Lima YMCA Branch Hardin County Family YMCA.

Michelle Spees
Michelle R. Spees, HR Director

AUTHORIZATION AND ACKNOWLEDGMENT REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE AMOUNT BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORT ACT", "ADDITIONAL STATE LAW NOTICES" and certify that I have read and understand those documents. I hereby authorize the Hardin County Family YMCA ("The Company") to obtain "Consumer Reports" and/or "Investigative Consumer Reports" about me at any time after receipt of this authorization and, if I am hired, through my employment. To this end I, hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university(public or private), information service Bureau, past or present employer to supervise, private business, insurance companies or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third party organization acting on behalf of The Company and or The Company itself I agree that a facsimile ("fax") or photographic copy or digital copy of this Authorization shall be valid as the original.

Signature: _____ Date: _____

Print Name: _____ DOB: _____

- Please check the box if you are a Minnesota or Oklahoma applicant or employee and would like to receive a copy of the consumer report if one is obtained by the company.
- Please check this box if you are a California applicant or employee and would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the company and no charge whenever you have a right to receive such a copy under California law. By signing above, you also acknowledge receipt of a notice regarding background investigation pursuant to California law.

Personal Identifying Information Needed For Background Check – To facilitate a background check on you, please complete the information below and include all past or current names used (e.g., Maiden, surname, alias)			
Last Name	First Name	Middle Name	
Last Name	First Name	Middle Name	
Last Name	First Name	Middle Name	
Home Street Address		Apartment Unit#	
City	State	Zip	
Phone	Email Address		
Date of Birth	Social Security No.	Gender	Race