



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OPENING DOORS, CHANGING LIVES

KEENE FAMILY YMCA MEMBERSHIP FOR ALL

Made possible through the generosity of donors to our Annual Campaign

At the Keene Family YMCA we believe no one should be denied membership or program participation solely because of an inability to pay for our services. Our *Membership for All* program applies a sliding fee scale, based on total household income, number of dependents, and special circumstances and needs. Our fee scale is based on the following:

Household Size	Income
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280

If you are interested in applying for *Membership for All*, please complete an application - obtained from the Y's Welcome Center at 200 Summit Road, Keene, or at www.keene-ymca.org — and along with supporting documentation, return to the Welcome Center.

The Y's Financial Assistance Representative will contact you within 10 business days to discuss your application. All information will be kept confidential.

Thank you for your interest in the Keene Family YMCA!



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KEENE FAMILY YMCA

CONFIDENTIAL

"MEMBERSHIP FOR ALL" Application (rev. January 2018)

TODAY'S DATE: _____ **New or Renewal** (circle one)

SUPPORT REQUESTED FOR:

Membership Type		Programs	
<input type="checkbox"/> Youth (0-12)	<input type="checkbox"/> Adult Couple	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Other
<input type="checkbox"/> Teen (13-18)	<input type="checkbox"/> Family	<input type="checkbox"/> Gymnastics	
<input type="checkbox"/> Young Adult (19-29)	<input type="checkbox"/> Single Parent Family	<input type="checkbox"/> Climbing	<input type="checkbox"/> Childcare
<input type="checkbox"/> Adult (30+)		<input type="checkbox"/> Youth Sports	Preschool or School Age

APPLICANT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ e-mail: _____

Date of Birth: _____ Gender: _____ Ethnicity: _____

Marital Status: Single Married Separated Divorced Widowed

Employer: _____ Employer Address: _____

Occupation: _____ Length of Employment: _____

Are you a Student? Full Time Part Time _____

SPOUSE INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ e-mail: _____

Date of Birth: _____ Gender: _____

Employer: _____ Employer Address: _____

Occupation: _____ Length of Employment: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

DEPENDENT INFORMATION:

Only children who are born to you, legally adopted/guardianed by you, and claimable on your taxes will be considered dependents. Children over the age of 18 are considered a dependent only if you claim them on your federal tax form.

First Name	Last Name	Date of Birth	Age	Gender	Relationship to Applicant

MONTHLY INCOME, EXPENSES & ASSETS– ALL SOURCES (This section must be completed or your application will be considered incomplete.)

Monthly Income		Monthly Expenses	
(Gross) Wages/Salaries/Tips	\$ -	Rent/Mortgage	\$ -
Unemployment	\$ -	Utilities/Phone	\$ -
Social Security Compensation	\$ -	Food	\$ -
Child Support	\$ -	Clothing	\$ -
Aid to Dependent Children	\$ -	Transportation	\$ -
Food Stamps	\$ -	Insurance	\$ -
Alimony	\$ -	Alimony	\$ -
Housing Assistance	\$ -	Child Support	\$ -
Retirement/Pension	\$ -	Medical	\$ -
DHS Subsidy	\$ -	Other	\$ -
Other			
TOTAL	\$ -	TOTAL	\$ -

Asset	Estimated Value
House	\$
Land	\$
Vehicles	\$
Retirement Plans	\$
Stocks	\$
Bonds	\$
Cash	\$
CDs	\$
Other Savings & Investments	\$

In addition, in order to process your application we need the following:

- Most recent year's Federal Income Tax Form showing AGI
- Four recent paycheck stubs or proof of Unemployment Benefits
- Proof of child support, disability and/or social security benefits
- As applicable, other documents you feel will help explain your situation

Is any portion of your membership reimbursable by your insurance company? _____

If yes, under what health insurance plan are you currently covered? _____

How much can you afford to pay each month for a Y membership? _____

Why do you want to belong to the Y? (attach additional sheet if needed)

What special circumstances are you experiencing that will help us understand why you need help from the Y at this time? _____

Signature: _____ Date: _____