



# 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:

| <u>Household Size</u> | <u>Income</u> |
|-----------------------|---------------|
| 1                     | \$25,520      |
| 2                     | \$34,480      |
| 3                     | \$43,440      |
| 4                     | \$52,400      |
| 5                     | \$61,380      |
| 6                     | \$70,320      |
| 7                     | \$79,280      |

#### 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, NH Or at [www.keene-ymca.org](http://www.keene-ymca.org) along with supporting documentation and return to the Welcome Center.
- ❖ Extenuating Circumstances:
  - If you would like us to consider any special circumstances, please describe your situation on the back of this sheet and include documentation (Hospital Bills, etc).

#### Please submit your Completed Financial Assistance Application with the following:

- Current year's Federal Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ).  
*Note: If you do not file Federal Tax Return – refer to bottom check box and provide all other required documentation as well.*
- Copies of your last two paycheck stubs OR a letter from your employer stating your annual salary.
- Copies of any supporting documentation listed in the “Monthly Income, Expenses & Assets” section of this application.
- Please mark out all social security numbers, tax ID numbers and/or credit card numbers before submitting any paperwork.
- If you do not file federal income taxes, call 1-800-TAX-FORM (1-800-829-3676) or go to [www.irs.gov](http://www.irs.gov) and fill out Form 4506-T to request a Verification of Non-filing letter (required). By checking this box, I will provide verification of Non-Filing Letter from the IRS.

Applications received without the above documentation attached will **NOT** be reviewed.

The Y’s Financial Assistance Representative will contact you within 5 business days to discuss your application. All information will be kept strictly confidential.

**Thank you for your interest in the Keene Family YMCA!**





FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Keene Family YMCA "Membership For All" Application

The YMCA strives to make out programs and membership available to all who will benefit from them, regardless of their ability to pay. All financial assistance is granted on a sliding scale based on income and need. All information is kept strictly confidential.

**Select the type of membership/program(s) for which you are applying:**

**Membership:**

- Family
- Single Parent Family
- Adult
- Adult Couple
- Young Adult
- Teen
- Youth

**Programs:**

- Aquatics
- Child Care
- Climbing
- Gymnastics
- Youth Sports
- Other: \_\_\_\_\_

**Applicant's Information:**

Select one:     New Application     Renewal

Date Submitted: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

eMail Address: \_\_\_\_\_

Are you a Student? Full Time/Part Time (circle one)

Employer/School & Address: \_\_\_\_\_

Occupation and length of time employed: \_\_\_\_\_

Marital Status:     Single     Married     Separated     Divorced     Widowed

**Partner's Information:**

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

eMail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer/School & Address: \_\_\_\_\_

Occupation and length of time employed: \_\_\_\_\_

**Dependents Living at Home:**

Tax forms must reflect those that are listed below (they must be listed as dependents on your tax form).

***Children over the age of 18 are considered dependents only if you claim them on your most recent tax form.***

| Name | Employer/School | Birth Date | Gender | Relationship |
|------|-----------------|------------|--------|--------------|
|      |                 |            |        |              |
|      |                 |            |        |              |
|      |                 |            |        |              |
|      |                 |            |        |              |
|      |                 |            |        |              |

**For Office Use Only (Do not fill in this part)**

|   |  |
|---|--|
| <p><b><u>Membership/Program</u></b></p> <p>Subsidy: _____%                      Received Date: _____</p> <p>Begin Date: _____                      Review Date: _____</p>   | <p><b><u>Child Care/Camp</u></b></p> <p>Subsidy: _____%                      Received Date: _____</p> <p>Begin Date: _____                      Review Date: _____</p> |
| <p><input type="checkbox"/> Called: _____ (Date)    <input type="checkbox"/> Mailed: _____ (Date)    <input type="checkbox"/> E-mail: _____ (Date)    <input type="checkbox"/> Entered into Daxco: _____ (Date)</p> <p>Approved by: _____                      Household Annual Income: _____</p> |  |



**Monthly Income, Expenses & Assets – All Sources:**

*(This section must be completed or our application will be considered incomplete. Documentation is required.)*

**(Note: All household income is required, including spouse/partner, even if spouse/partner is not applying for membership.)**

| <b>Monthly Income</b>        |             |                  |
|------------------------------|-------------|------------------|
|                              | Your Income | Partner's Income |
| (Gross) Wages/Salaries/Tips  | \$          | \$               |
| Unemployment                 | \$          | \$               |
| Social Security Compensation | \$          | \$               |
| Child Support                | \$          | \$               |
| Aid to dependent Children    | \$          | \$               |
| Food Stamps                  | \$          | \$               |
| Alimony                      | \$          | \$               |
| Housing Assistance           | \$          | \$               |
| Retirement/Pension           | \$          | \$               |
| DHS Subsidy                  | \$          | \$               |
| Other                        | \$          | \$               |
| <b>TOTAL:</b>                | <b>\$</b>   | <b>\$</b>        |

| <b>Monthly Expenses</b>   |                           |
|---------------------------|---------------------------|
|                           | Combined Monthly Expenses |
| Rent/Mortgage             | \$                        |
| Utilities                 | \$                        |
| Phone                     | \$                        |
| Food                      | \$                        |
| Clothing                  | \$                        |
| Transportation            | \$                        |
| Insurance                 | \$                        |
| Alimony                   | \$                        |
| Child Support             | \$                        |
| Medical                   | \$                        |
| Loans (Student, Personal) | \$                        |
| <b>TOTAL:</b>             | <b>\$</b>                 |

**Household Assets**

|                             | Estimated Value |
|-----------------------------|-----------------|
| House                       | \$              |
| Land                        | \$              |
| Vehicles                    | \$              |
| Retirement Plans            | \$              |
| Stocks                      | \$              |
| Bonds                       | \$              |
| Cash                        | \$              |
| CDs                         | \$              |
| Other Savings & Investments | \$              |
| <b>Total:</b>               | <b>\$</b>       |

**PLEASE NOTE:**

- ❖ Support from our Annual Campaign Fund reduces membership and program fees; *it does not eliminate them.*
- ❖ All support will be granted for 12 months and renewal application is required.
- ❖ Membership and program fees are subject to change upon annual review.

**Applicant Acknowledgement:**

- ✓ I certify that this information is true and complete to the best of my knowledge.
- ✓ I grant permission to the YMCA to verify this information.
- ✓ I agree to notify the YMCA if my financial status should change.
- ✓ I understand that if I do not provide the required documentation my "Membership For All" application cannot be reviewed.
- ✓ I understand that I must re-apply for financial assistance every 12 months from the date of this application.
- ✓ If I do not re-apply for financial assistance my membership will be automatically terminated after 12 months.
- ✓ I understand that my application does not guarantee financial assistance and that re-applying does not guarantee financial assistance.
- ✓ I understand that re-applying for financial assistance my subsidy rate could be different based on the circumstances.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date