



# 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      |
| 8                     | \$83,760      |

**If you are interested in applying for financial assistance through our “Membership for All” program:**

Please complete this application and return it to the Welcome Center along with the required supporting documentation. **Incomplete applications will not be reviewed.**

**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.

**If you are currently receiving assistance from one of the organizations listed below, you may submit a copy of your award letter or other official documentation from said organization that contains details of your subsidy in lieu of the above.**

- Chesco
- Cheshire County Drug Court
- Family First
- House of Hope
- Keene Housing
- Monadnock Center for Violence Prevention
- Monadnock Developmental Services
- NH Housing/HUD/Section 8
- School Lunch Program
- Southwestern Community Services (housing, Head Start, and WIC)

The above list of organizations has been approved by the Keene Family YMCA Board of Directors, and will be reviewed annually. This list is subject to change without notice. Applications received without the required documentation attached will NOT be reviewed. The Y’s Financial Assistance Representative will contact you within 5 business days following submittal of 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 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 all who 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 claimed them on your most recent tax form.

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

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

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



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

If you are receiving assistance from one of the organizations listed on page 1 of this application, you are not required to complete this section. If you are not receiving assistance from any of these organizations, or are unable to submit the required documentation showing you are receiving assistance, this section must be completed or your application will be considered incomplete. Documentation is required.

**All household income must be reported, including spouse/partner, even if spouse/partner is not applying for membership.**

**Monthly Income**

|                              | 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>        |

**Monthly Expenses**

| 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.
- ✓ I understand that when re-applying for financial assistance my subsidy rate could be different based on my circumstances.

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

\_\_\_\_\_  
Date