



Opening Doors, Changing Lives

Keene Family YMCA “Membership For All”

Made possible through the generosity of the community 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	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440

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

Complete this application and return it to the Welcome Center along with the required supporting documentation.

Extenuating Circumstances: If you would like us to consider any special circumstances, please note this and describe your situation on the back of this sheet. Remember to include documentation (Hospital Bills, etc.).

Please submit your completed Financial Assistance Application with all of the following:

- Current year’s Federal Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ).

Note: If you do not file a Federal Tax Return – refer to the check box below and provide all other required documentation.

**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 1-800-908-9946 or go to <https://www.irs.gov/individuals/get-transcript> and fill out Form 4506-T to request a Verification of Non-filing letter (required).
- Copies of your last two paystubs **OR** a letter from your employer stating your annual salary **OR** your SSI statement.
- Copies of any supporting documentation listed in the “Monthly Income, Expenses & Assets” section of this application.

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.¹

- 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)

¹*In some cases, you may be eligible for a higher membership subsidy by submitting income documentation. Please contact us to learn more.*

The above list of organizations have 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 are incomplete and will not be reviewed.** For completed applications, you can expect to be contacted within 10 business days following submission. All information will be kept strictly confidential. If you have any questions, or have any documentation to submit virtually, please send an email to mfa@keene-ymca.org. Thank you for your interest in the Keene Family YMCA!



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
- Camp: _____
- Other: _____

Applicant's Information:

Select one: New Application Renewal Date Submitted: _____

Is this your first time at the Keene Family YMCA? Yes No

Name: _____

Birth Date: _____ Gender: _____

Home Address: _____

Phone Number: _____

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: _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

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.

<u>Name</u>	<u>Employer/School</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Relationship</u>

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

Membership/Program

Subsidy: _____% Received Date: _____

Begin Date: _____ Review Date: _____

Child Care/Camp

Subsidy: _____% Received Date: _____

Begin Date: _____ Review Date: _____

Called: _____ (Date) Mailed: _____ (Date) E-mailed: _____ (Date) Entered into Daxko: _____ (Date)

Approved by: _____ Important Notes: _____



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	\$	\$
TOTAL:	\$	\$

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

Household Assets	
	Estimated Value
House	\$
Land	\$
Vehicles	\$
Retirement Plans	\$
Stocks	\$
Bonds	\$
Cash	\$
CDs	\$
Other Savings & Investments	\$
Total:	\$

PLEASE NOTE:

- ❖ Support from our Annual Campaign Fund reduces membership and program fees; *It does not eliminate them.*
- ❖ Support will be granted for 12 months and a renewal application is required for consideration of continued support.
- ❖ 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

Applicant Name Printed

Date