



## Keene Family YMCA “Membership For All”

Made possible by the generosity of our 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 other factors to make membership and program participation affordable. **Our fee scale is based on the following:**

<u>Household Size</u>	<u>Income</u>
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300

To apply, complete this application, attach supplemental documents and return it to the Welcome Center in-person or via email. To submit via email, please send to [mfa@keene-ymca.org](mailto:mfa@keene-ymca.org). Applications received without the required documentation attached are incomplete and will not be approved.

### Submit your completed Financial Assistance Application with ALL of the following:

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

- Current year's Federal Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ).
- **Please mark out all social security, tax ID 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. Assistance with this form is available.
- 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.

**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 all supporting documentation you can provide.

If you are currently receiving assistance from one of the organizations listed in this section, in lieu of the above you may submit a copy of your award letter or other official documentation from said organization, that contains details of your subsidy,<sup>1</sup>

- Chesco
- Cheshire County Drug Court
- House of Hope
- Family First
- School Lunch Program (Reduced and Free)
- Monadnock Developmental Services
- Monadnock Center for Violence Prevention
- NH Housing/HUD/Section 8
- Financial Assistance to Needy Families (FANF) / Temporary Assistance for Needy Families (TANF)
- Monadnock Family Services (MFS)
- Keene Housing
- Vermont WIC
- Southwestern Community Services (housing, Head Start, and WIC)

<sup>1</sup>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 has been approved by the Keene Family YMCA Board of Directors and will be reviewed annually. This list is subject to change without notice. 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, please reach out via email to [mfa@keene-ymca.org](mailto:mfa@keene-ymca.org). Thank you for your interest in joining 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 and/or Program(s) for which you are applying:**

**Membership:**

- Family (2 adults + dependents)
- Single Parent Family (1 adult + dependents)
- Adult (ages 30+)
- Adult Couple (2 adults living in same household)
- Young Adult (ages 19-29)
- Teen (ages 13-18)
- Youth (12 and under)

**Programs:**

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

**Applicant's Information:**

Select one:     New Application     Renewal

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

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

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

Email Address: \_\_\_\_\_

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

Marital Status:    Single     Married     Separated

Date Completed: \_\_\_\_\_

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

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

Are you a student? (circle one)   Full-time / Part-time

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

Divorced     Widowed

**Partner's Information:**

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

Email Address: \_\_\_\_\_

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

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

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

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. Full-time students under age 24 need to be living in the same household.

<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)**

<u>Membership/Program</u>		<u>Child Care/Camp</u>	
Subsidy: _____%	Received Date: _____	Subsidy: _____%	Received Date: _____
Begin Date: _____	Review Date: _____	Begin Date: _____	Review Date: _____
<input type="checkbox"/> Called: _____ (Date)	<input type="checkbox"/> Mailed: _____ (Date)	<input type="checkbox"/> E-mailed: _____ (Date)	<input type="checkbox"/> 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 those 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 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 \_\_\_\_\_