



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# HERE FOR ALL

## FINANCIAL ASSISTANCE APPLICATION FOR: MEMBERSHIP, PROGRAMS, SCHOOL AGE CARE (SUMMER AND SCHOOL YEAR) AND EARLY CHILDHOOD CENTER



### EVERYONE IS WELCOME

The YMCA welcomes all who wish to Participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Annual Campaign, the Y provides financial assistance to youth, adults and families based on individual needs and circumstances.

### PLEASE NOTE

- Support from our Annual Campaign reduces membership and program fees; it does not eliminate them.

The monthly minimum fee for membership is \$5.00 and \$10.00 for programs.

- Support is awarded based on household size and annual income, up to \$86,000. All support will be granted for 3, 6 or 12 months.

- Membership and program fees are subject to change upon annual review.

- Members are responsible for payments for the duration of the membership.

- Support is granted following a review of all documentation.

- Some specialized Y programs and our Early Childhood Center use a separate sliding fee scale.

- The Y reserves the right to request additional information when necessary.

### Number of Individuals in the Household

Family Income	1	2	3	4	5+
\$0 - \$26,000	80%	90%	90%	90%	90%
\$26,001 - \$41,000	50%	70%	75%	80%	90%
\$41,001 - \$56,000	0%	50%	60%	70%	80%
\$56,001 - \$71,000	0%	30%	50%	60%	70%
\$71,001 - \$86,000	0%	0%	30%	50%	60%



LA CROSSE AREA FAMILY YMCA  
www.laxymca.org | 608.782.9622

# Membership, Program and Childcare Support Application

## 1 APPLICANT INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female/Other \_\_\_\_\_  
Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Number of individuals in household: \_\_\_\_\_  
Employer \_\_\_\_\_

## 2 PLEASE LIST ALL PERSONS IN YOUR HOUSEHOLD

Adult \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female/Other \_\_\_\_\_  
Adult \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female/Other \_\_\_\_\_  
Child \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female/Other \_\_\_\_\_  
Child \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female/Other \_\_\_\_\_  
Child \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female/Other \_\_\_\_\_  
Child \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female/Other \_\_\_\_\_  
Child \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female/Other \_\_\_\_\_  
Child \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female/Other \_\_\_\_\_  
Other dependent(s) \_\_\_\_\_ Age(s) \_\_\_\_\_ Male/Female/Other \_\_\_\_\_

## 3 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS (check the box that describes your situation and follow the arrow)

**I FILED A FEDERAL TAX RETURN (FORM 1040) LAST YEAR**



Please attach/upload the 1040 Federal Tax Return for all incomes in the household.

**OR**

**MY INCOME HAS CHANGED SINCE I LAST FILED MY FEDERAL TAX RETURN**



Due to unforeseen circumstances, my household income has changed since I filed for taxes last year.

- My current gross monthly income is \$\_\_\_\_\_.
- Please attach/upload an explanation for your recent change in income.

**OR**

**I DID NOT FILE A FEDERAL TAX RETURN LAST YEAR**



- A statement of non-file from the IRS **AND**
- Social Security Benefit Statement **OR** most recent pay stub **AND**
- Any other monthly income \$\_\_\_\_\_ (include disability, child support, food share, other)

## 4 What Y activity are you applying for assistance one? Check all that apply.

Membership  Programs  School Age Care Summer  School Age Care/Adventure Day Camp  Early Childhood Care

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that subsidy assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future

5 \_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_ Date

Bring all applicable financial documents to your YMCA branch for verification.

## FOR MEMBERSHIP STAFF USE

Date submitted \_\_\_\_\_

Applicant ID # \_\_\_\_\_

### STAFF VERIFIED

- Adjusted gross income  
 Social Security (if applicable)

**OR**

- Statement of non-file  
 Total estimated annual income

Pre-approved at a **discount** of % \_\_\_\_\_ for membership and programs.

Exp. Date: \_\_\_\_\_

Staff reviewed \_\_\_\_\_