EVERYONE IS WELCOME
The Y 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 flexible pricing 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.
• 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. Please allow up to 10 business days for review.
• 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.

<table>
<thead>
<tr>
<th>Memberships for All</th>
<th>Young Adult</th>
<th>Adult</th>
<th>Youth</th>
<th>Two Adult</th>
<th>Senior</th>
<th>Two Senior</th>
<th>Family</th>
<th>Programs and Childcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $26,000</td>
<td>$12.00</td>
<td>$15.60</td>
<td>$6.00</td>
<td>$22.80</td>
<td>$13.50</td>
<td>$20.40</td>
<td>$25.80</td>
<td>70%</td>
</tr>
<tr>
<td>$26,001 - $41,000</td>
<td>$16.00</td>
<td>$20.80</td>
<td>$8.00</td>
<td>$30.40</td>
<td>$18.00</td>
<td>$27.20</td>
<td>$34.40</td>
<td>60%</td>
</tr>
<tr>
<td>$41,001 - $56,000</td>
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<td>$10.00</td>
<td>$38.00</td>
<td>$22.50</td>
<td>$34.00</td>
<td>$43.00</td>
<td>$50%</td>
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<tr>
<td>$56,001 - $71,000</td>
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<td>$45.60</td>
<td>$27.00</td>
<td>$40.80</td>
<td>$51.60</td>
<td>$60.20</td>
<td>$40%</td>
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<tr>
<td>$71,001 - $86,000</td>
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<td>$31.50</td>
<td>$47.60</td>
<td>$60.20</td>
<td>$30%</td>
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<td></td>
</tr>
</tbody>
</table>
Membership and Program Financial Support Application

1 HOUSEHOLD INFORMATION

Address: ____________________________________________________ City: ______________________________________ State: _____ Zip: ______________

Adult 1
First Name: ____________________________ Last Name: ___________________________________________________ Date of Birth: ______________
Phone #: ____________________________ Email:  __________________________________________________ Gender: □ Male □ Female □ Nonbinary
Emergency Contact: ________________________________________________ Emergency Phone: __________________________

Adult 2
First Name: ____________________________ Last Name: ___________________________________________________ Date of Birth: ______________
Phone #: ____________________________ Email:  __________________________________________________ Gender: □ Male □ Female □ Nonbinary
Emergency Contact: ________________________________________________ Emergency Phone: __________________________

Dependents
First: ______________________ Last: ___________________________ DOB: ____ / ____ / ________  Gender: □ Male □ Female □ Nonbinary
First: ______________________ Last: ___________________________ DOB: ____ / ____ / ________  Gender: □ Male □ Female □ Nonbinary
First: ______________________ Last: ___________________________ DOB: ____ / ____ / ________  Gender: □ Male □ Female □ Nonbinary
First: ______________________ Last: ___________________________ DOB: ____ / ____ / ________  Gender: □ Male □ Female □ Nonbinary
First: ______________________ Last: ___________________________ DOB: ____ / ____ / ________  Gender: □ Male □ Female □ Nonbinary

2 DOCUMENTS

TO QUALIFY, PLEASE PROVIDE THE FOLLOWING DOCUMENT(S) FOR EVERY ADULT IN THE HOUSEHOLD:
• Federal Tax Form 1040

IF FORM 1040 IS NOT AVAILABLE, PLEASE PROVIDE AN IRS VERIFICATION OF NONFILING LETTER AND SOCIAL SECURITY BENEFIT STATEMENT (IF APPLICABLE)

3 INCOME VERIFICATION

ADULT 1:
Monthly Income Wages: $____________________
Monthly Income Other: $____________________
(other sources such as TANF, child support, SSI, disability or foster care benefits).
ANNUAL TOTAL: $____________________

ADULT 2:
Monthly Income Wages: $____________________
Monthly Income Other: $____________________
(other sources such as TANF, child support, SSI, disability or foster care benefits).
ANNUAL TOTAL: $____________________

Household Annual Total: $____________________

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.

__________________________________________  __________________________
Signature of person completing this form    Date