

The YMCA in Greenfield Adult/Family Sliding Fee Scale Policy

The YMCA in Greenfield believes that a strong sense of belonging and pride is developed when every member has contributed to the cost of his/her YMCA involvement, therefore, we ask applicants to pay a fair portion of the fees. **All applicants ages 15+ must pay a \$10.00 non-refundable filing fee per application.** (There is also a Health Deposit charged when you start your membership, which is refunded to you on your 14th month of **continuous membership**. The % of support you qualify for will be applied to the regular Health Deposit as well.)

Assistance will be granted based on household size and total household gross income. Special household expenses (ie, high medical costs, alimony, etc.) could also be a factor. Our Sliding Scale chart will be used to determine initial eligibility for one year. Depending upon gross income and number of household members, the YMCA in Greenfield can offer 20-70% off the current membership fees and 20-70% off program fees. In some instances, an interview will be required prior to the approval of this application. **The YMCA reserves the right to refuse assistance to any applicant.**

If approved, arrangements will be made for you to pay your share of the membership fee. The options for payment are automatic monthly draft from your checking account, statement savings account, credit card, 1/2 down and the balance due in 60 days, cash or check and paid-in-full. If these payment options are not feasible we will discuss a 10 month over the counter payment plan. Work trade is another option which can be arranged provided there is work available. Bank draft and payment plans are due on the 13th of each month. A payment missed will need to be rectified by the last day of that same month. Failure to do so will result in cancellation of the membership on the first day of the following month. The membership will be reinstated without a new Sliding Fee Scale application and filing fee if the dollars due are paid within one month of cancellation. Reinstatement at any time in the future would require payment of balance due in full, application and filing fee and repayment of the Health Deposit.

Please allow 7-10 working days for this application to be processed and approved (or denied) by the YMCA. **You will be contacted in writing** by the YMCA in Greenfield as to the percentage of assistance you have been awarded.

Sliding Fee Scale Application Process

Complete both sides of the application. All information will be kept confidential, only the Sliding Fee Scale Manager will see your info. **Please bring it to the Y in a sealed envelope.** Incomplete applications will be returned asking for complete information. Submit documentation of **all household income** for the past 30 days (i.e. Pay stubs [for all parental adults in the household], Unemployment or Welfare documentation, copy of any rental income, SSI, SSD, retirement, pension, child support, foster care income etc. Copy of last years tax return (1040) is also required.

Return the above to:
Bill Fitzpatrick
The YMCA in Greenfield
451 Main Street
Greenfield, MA 01301
773-3646

After your application has been reviewed by the Sliding Fee Scale Manager, you will receive a letter informing you what your membership or program fee will be or requesting an interview for additional information.

APPLICATION CHECKLIST

Have you:

- Provided documentation of all household income*. (Anyone over 18 who does not contribute financially to the household income must fill out Form A or anyone who is currently unemployed and not contributing any income must fill out Form B.)
- Provided, if required to file, the first 2 pages of the 1040 Federal Tax Form (Schedule C, Profit & Loss if self employed)
- Included the \$10 filing fee.
- Selected what type of membership you are applying for. (i.e. youth, adult, family, etc.)
- Filled out your application completely.
- Signed your application.

* Most current pay stubs for the last 30 days. Letter from SSI / SSDI /etc.

Sliding Fee Scale Application
For Programs, Classes and Memberships

The YMCA will not deny participation to any of our activities because of an individual's lack of funds. While participants are expected to pay their fair share of operating costs, assistance may be obtained, subject to available resources, by completing and returning this form with the appropriate documentation. **Proof of income is required for all household members (over 18).** Please include all income from the past 30 days (i.e.; pay stubs, Unemployment, or welfare documentation, SSI, SSD, retirement, pension, child support, foster care income etc.) **PLUS A copy of the first two pages last year's 1040 tax return.(not the W-2)**

There is a **\$10.00 non-refundable** processing fee due for all new and renewing applicants age 15+ due upon submission of this application.

Funds for the Sliding Fee Scale have been made available through the generous contributions of YMCA supporters to the YMCA's Strong Kids and Families Annual Campaign, the Kids-to Camp Golf Tournament and the United Way of Franklin County. Assistance for some programs and classes may be limited.

CHECK ONE: New Member _____ Renewal _____ Returning _____

Date of Application: _____

Name of Applicant: _____ Parent Name :(If applicable) _____

Address: _____ Phone number: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ E-mail _____

Are you or any household member required to file a federal income tax return? Yes _____ No _____

How many adults live in the applicants' home? _____ How many children? _____

<u>Adult/Children Name:</u> (please list everyone)	<u>Date of Birth</u>	<u>Employer/School</u>
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PROOF OF TOTAL HOUSEHOLD INCOME IS REQUIRED

Monthly gross household income: \$_____. Please indicate total amount of current household income from all sources including wages, salary, tips, public assistance, child support, alimony, unemployment, interest, rental income, Foster care income etc. Please attach copies of documentations.

Please list source(s) of income and indicate if this amount is weekly, bi-weekly or monthly.

Source: _____ \$ _____ per _____

OVER ►►►

Please list any special circumstances or family expenses that contribute toward your request for Sliding Fee Scale support.
(i.e. medical bills, alimony, loans etc.)

What benefits do you see in becoming a member of the YMCA in Greenfield?

Please indicate type of membership or program you are applying for.
(Please check one of the following):

- Youth 1 (ages 6-9) Youth 2 (ages 10-14) High School (ages 15-18) Young Adult (ages 19-24)
 Adult (ages 25-64) Senior (ages 65-79) Super Senior (ages 80-89)
 1 Adult Family 2 Adult Family 2+ Adult Family*

PROGRAMS/CLASSES ONLY

* The Sliding Fee Scale is only applicable to a maximum of 2 adults. Any additional adults living in the household will be subject to a fee of \$15 or \$20/ month, (depending of the type of membership you chose) with no additional subsidy.

If you are applying for Sliding Fee Scale support for classes only, it is required that you pay an annual **program associate fee** of \$20.00 for 0 to 14 years old and \$25.00 for 15+ years old.

I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge and that there is no misrepresentation by omission. If it comes to light that the information supplied was inaccurate, I understand my assistance will be canceled for a 12 month period. I agree to notify the YMCA in writing of any change in information supplied herein which might affect my eligibility for financial assistance. I further understand that this application does not constitute acceptance by the YMCA and that I will be notified as to whether my application for financial assistance has been approved.

Signature

Date

Date _____ **Staff Initial** _____ **Trans. #** _____ **% Awarded** _____



YMCA in Greenfield
451 Main Street
Greenfield, MA 01301
413 773 3646
ymcaingreenfield.org

I, _____, do not at this time provide any income to _____.
(your name) (head of household)

If the situation changes, I will submit income verification within 30 days.

I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge and that there is no misrepresentation by omission. I agree to notify the YMCA in writing if any change in information supplied herein which might affect my eligibility for the Sliding Fee Scale support.

(your signature)

(head of household signature)

Form A



YMCA in Greenfield
451 Main Street
Greenfield, MA 01301
413 773 3646
ymcaingreenfield.org

I, _____, am currently unemployed, I do not, at this time, provide any income to the household. When I do become employed, I will submit income verification within 30 days.

I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge and that there is no misrepresentation by omission. I agree to notify the YMCA in writing if any change in information supplied herein which might affect my eligibility for the Sliding Fee Scale support.

(your signature)

Form B