



AFTERSCHOOL 2018

The YMCA in Greenfield Afterschool Sliding Fee Scale Policy

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. If you are income eligible the YMCA in Greenfield can offer **20-70% off** afterschool 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.**

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. Also include the first 2 pages of your (1040) Federal Tax Form. **NOT the W-2.**

Return the above to:
Kara Younger / School Age Programs
The YMCA in Greenfield
451 Main Street
Greenfield, MA 01301
773-3646 ext 452

After your application has been reviewed by the Afterschool Director, you will receive a letter informing you what assistance you have received or an interview for additional information.

Sliding Fee Scale Application For After School

Participants are expected to pay their fair share of operating costs, 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 The first 2 pages of last years 1040 tax return. (not the W-2)

PLEASE FILL OUT COMPLETELY

Name of Applicant: _____

Address: _____ Phone number: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Email : _____

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? _____

Adult/Children Names: (please list **everyone** in household) Date of Birth Employer/School

<u>Adult/Children Names:</u> (please list everyone in household)	<u>Date of Birth</u>	<u>Employer/School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROOF OF TOTAL HOUSEHOLD INCOME IS REQUIRED

Monthly gross household income: \$_____.

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

Source: _____ \$_____ per _____

Source: _____ \$_____ per _____

Source: _____ \$_____ per _____

Total \$_____ per _____

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

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 support. 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 assistance has been approved.

Signature

Date