

**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 and work trade 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 last years 1040 tax return. (not the W-2)** There is a \$10.00 non-refundable filing 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, classes and camps may be limited.*

**CHECK ONE:** Brand New Member \_\_\_\_\_ Renewal \_\_\_\_\_ Former Member Returning \_\_\_\_\_

**PLEASE FILL OUT COMPLETELY**

Name of Applicant: \_\_\_\_\_ Parent Name: (If applicable) \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROOF OF TOTAL HOUSEHOLD INCOME IS REQUIRED**

**Monthly gross household income: \$\_\_\_\_\_.** Please indicate total amount of current household income from all sources including wages from all parents/adults, 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 \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Total \$ \_\_\_\_\_ per \_\_\_\_\_

OVER ►►►

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

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

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

- Youth (6-11)   
  Middle School (12-14)   
  High School(15-18)   
  Young Adult (19-24)  
 Adult (25+)   
  Senior (62+)   
  1 Adult Family   
  2 Adult Family   
  2+ Adult Family\*  
 PROGRAMS/CLASSES ONLY

**\* The Sliding Fee Scale is only applicable for 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 choose) 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 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

FA: Word doc 01/2012

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**For Office use Only**

**Date** \_\_\_\_\_ **Staff Initial** \_\_\_\_\_ **Trans. #** \_\_\_\_\_ **% Awarded** \_\_\_\_\_