



## FLEXIBLE PRICING FOR MEMBERSHIP AND PROGRAMS

### THE ESSENCE OF THE Y

The Y is committed to meeting the basic needs of our community by empowering youth, individuals, families, and seniors through membership and programs that support their financial self-sufficiency, build social connections, and improve health and wellbeing.

### EVERYONE IS WELCOME

The Y welcomes all who wish to participate and believes that no one should be denied access because of an inability to pay. Flexible Pricing uses the funds raised from the YMCA Annual Campaign to ensure that no one who qualifies is turned away due to their inability to pay because we believe in helping all people lead healthier, happier lives.

### COMMITTED TO OUR COMMUNITY

Financial Assistance is handled by the Y in a fair and confidential manner by using a sliding scale to determine how much assistance can be awarded. Every Y member receives the same membership benefits, regardless of whether they receive assistance. Flexible Pricing can be applied to memberships, youth programs such as childcare, youth sports, swim lessons, and more.

- Those individuals or families not able to pay the full membership or program fee may receive financial assistance through Flexible Pricing as determined by the YMCA guidelines.
- Financial Assistance reduces membership fees on a sliding scale, it does not eliminate them. All members contribute something.
- You must have a permanent address in our service area.
- The Y reserves the right to deny financial assistance to anyone whose actions are contrary to the core values and mission of the Y.

### HOW TO APPLY

1. Complete the application thoroughly and accurately.
2. **REQUIRED TO APPLY:** The most recent federal income tax return (1040 and/or self-employment if applicable) \*
3. If applicable, attach the following documents. Do not submit originals.
  - Last two paycheck stubs or letter from employer indicating hours worked and pay.
  - Documentation of Social Security or Disability (Benefit Verification Letter from [www.ssa.gov](http://www.ssa.gov)).
  - Government Assistance: Explanation of Benefits (from County Assistant or [www.access.wisconsin.gov](http://www.access.wisconsin.gov))
  - Copy of Child Support/Alimony.
  - Unemployment notification of eligible benefits.
  - Include any special circumstances that the Y should be made aware of.
4. Failure to provide required/requested documentation may delay or void your application.

*\*NOTE: Copies of your 1040 can be obtained by calling the IRS at 1-800-829-1040 or by requesting a transcript at [IRS.gov](http://IRS.gov). W-2s cannot be accepted. If you do not file a 1040, please complete a "Statement of Non-filing" which is available at the front desk*

# FOR ALL APPLICATION

Application must be filled out completely. Please print clearly and include all required paperwork listed on the previous page.

## SECTION 1: HOUSEHOLD INFORMATION

**Primary Applicant:** (All information is required.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone (with area code) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Hours Worked/Week \_\_\_\_\_

**Secondary Adult:** (All information is required.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Hours Worked/Week \_\_\_\_\_

**Legal Dependents:** (18 and under. Attach separate sheet if more than 4 dependents.)

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Relationship to Primary \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Relationship to Primary \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Relationship to Primary \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Relationship to Primary \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Relationship to Primary \_\_\_\_\_

## SECTION 2: MEMBERSHIP & PROGRAM INFORMATION

**Select Membership Type**

☐ Youth (6-18 yrs)

☐ Young Adult (19-30 yrs)

☐ Adult (31-64 yrs)

☐ Senior (65+)

☐ Young Adult with minor children

☐ Adult with minor children

☐ Family Household (two adults and children through age 25 yrs)

Select Program Categories (please note program financial assistance will vary based on the program category)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Afterschool Child Care* | <input type="checkbox"/> Swim Lessons        | <input type="checkbox"/> Tennis           |
| <input type="checkbox"/> Full Time Child Care*   | <input type="checkbox"/> Swim Team           | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Summer Care/Camp*       | <input type="checkbox"/> Health & Wellness   | <input type="checkbox"/> Youth Sports     |
| <input type="checkbox"/> Children and Family     | <input type="checkbox"/> Ice                 | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Pre School-Activities   | <input type="checkbox"/> Active Older Adults |   |

\*Persons requesting assistance for Child Care programs are required to apply for the Wisconsin Shares Child Care Subsidy Program first. More information can be found at:

<https://dcf.wisconsin.gov/wishares/apply>

### SECTION 3: INCOME VERIFICATION INFORMATION

Check off that your documentation is complete and included with your application. Make sure to write in your income amounts in the right-hand column and total the income at the bottom. We understand that numbers don't show everything. If there are special circumstances, please include a written explanation (note/letter) so that consideration may be given.

Documentation included (check those you have included)	TO QUALIFY, PLEASE PROVIDE THE FOLLOWING DOCUMENT(S) FOR EVERY ADULT IN THE HOUSEHOLD:	Enter the amount for each income line that applies
<b>Required</b>	<b>Copy of most recent federal 1040 (W-2s not accepted)</b> IF FORM 1040 IS NOT AVAILABLE, PLEASE PROVIDE AN IRS VERIFICATION OF NONFILING LETTER AND SOCIAL SECURITY BENEFIT STATEMENT (IF APPLICABLE)	<b>Gross Monthly Household Income Totals</b>
	Last month's wages, salaries, self-employment incomes, & tips	\$
	Social Security / Supplemental Security Incomes	\$
	Disability/Unemployment	\$
	Child Support/Alimony	\$
	Government Assistance (food stamps, housing assistance, etc.)	\$
	Other: _____	\$
	<b>Total Gross Monthly Household Income</b>	<b>\$</b>

I certify that I do not have additional income or assistance not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that assistance is based on need. In the event that I or my family must cancel our participation, I will contact the YMCA immediately. I understand that if I falsify any of the above information, I will not be eligible for assistance now/or in the future. Application will be returned if not complete or if income is not verified.

Primary Applicant Printed Name

Signature

Date

For Office Use Only:

Membership Type \_\_\_\_\_

Membership Assistance \_\_\_\_\_

Date \_\_\_\_\_

Program Assistance \_\_\_\_\_

Date \_\_\_\_\_

Additional Notes:

The For All Icon is used within the Activities Guide and on Y Flyers to alert members that Financial Assistance is available for the specific program.



**FINANCIAL ASSISTANCE  
AVAILABLE**

**EXPLORE YOUR POSSIBILITIES.**

Contact the Oshkosh Y for more details. This program is supported by the Annual Campaign.

Flexible Pricing uses the funds raised from the YMCA Annual Campaign to ensure that no one who qualifies is turned away due to their inability to pay because we believe in helping all people lead healthier, happier lives. Whether someone's hardship arises from a layoff, an illness, or other financial challenges, the YMCA strives to assist anyone in need of our programs and fellowship. While many of our programs serve children, Flexible Pricing also supports individuals and families of all ages.

#### SECTION 4: CONFIDENTIAL STATISTICAL INFORMATION FOR FUNDING THE FOR ALL PROGRAM

Financial assistance is made possible through the generosity of the Oshkosh Area United Way, Y members & staff, and community donors. Required to apply for United Way funding, the Y must supply statistical data showing our funding is being allocated to those in need. Please fill out the following information so that we can provide accurate data on your behalf.

**Annual household income:**

- ☐ LESS than \$14,999
- ☐ \$15,000 – \$24,999
- ☐ \$25,000 – \$34,999
- ☐ \$35,000 – \$49,000
- ☐ \$50,000 – \$74,999
- ☐ \$75,000 – \$99,999
- ☐ \$100,000 and over
- ☐ Unknown

**My family participates in the Free and Reduced School Lunch Program:**

- ☐ Yes
- ☐ No

**List all family members: (Including Primary Applicant)**

Name_____	Gender_____Age____Ethnicity_____
Name_____	Gender_____Age____Ethnicity_____
Name_____	Gender_____Age____Ethnicity_____
Name_____	Gender_____Age____Ethnicity_____
Name_____	Gender_____Age____Ethnicity_____
Name_____	Gender_____Age____Ethnicity_____
Name_____	Gender_____Age____Ethnicity_____

This information is shared only with the Oshkosh Area United Way in statistical form. Your family's privacy is always maintained. No names, addresses or phone numbers are provided to any other agency or business.