



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP FOR ALL

## THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Oshkosh Community YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

## 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. Through the generosity of the Oshkosh Area United Way, Y members & staff, and community donors, we are able to make the Y accessible to community members through our Membership for All Program.

## 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 is awarded. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance. Y members can feel confident knowing they are part of an organization that cares greatly for the well-being of all people. We're committed to youth development, healthy living and social responsibility.

- The Y's Financial Assistance program provides families in need with financial support to participate in Y membership and programs.
- 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.
- All past balances should be paid in order to renew a membership.

## 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.
  - 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 will NOT be accepted. If you do not file a 1040, please complete a "Statement of Non-filing" which is available at the front desk.

OSHKOSH COMMUNITY YMCA • [www.oshkoshymca.org](http://www.oshkoshymca.org)  
Downtown 236-3380 324 Washington Ave.  
20th Avenue 230-8439 3303 W. 20th Ave.



## MEMBERSHIP 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

#### APPLICANT:

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:

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	Date of Birth	Relationship to Applicant
Name	Date of Birth	Relationship to Applicant
Name	Date of Birth	Relationship to Applicant
Name	Date of Birth	Relationship to Applicant

### Section 2: Membership Information

Check the membership type you are applying for:  Youth  Adult  Family  Single Family

#### Section 3: Income

Check the box of all documentation included and write income in the column at right. 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?	INCOME SOURCE required for ALL adult household members	Gross Monthly Household Income Totals
<input type="checkbox"/> Yes <input type="checkbox"/> No	Last month's wages, salaries, self-employment income, & tips	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security/Supplemental Security Income	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability/Unemployment	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support/Alimony	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Government Assistance (food stamps, housing assistance, etc.)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Gross Monthly Household Income	\$
<b>REQUIRED</b>	<b>Copy of most recent Federal 1040 (W-2s not accepted)</b>	-----

I certify that the above information is true and complete to the best of my knowledge, and 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 and/or in the future. Application will be returned if not complete or if income is not verified.

Print Name	Signature	Date of Signature
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<b>FOR OFFICE USE ONLY</b>	Membership Type	Amount of Assistance	Date Processed
	Notes		

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Please check one:  New Membership  Renewing Membership

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### HEAD OF HOUSEHOLD'S NAME

Financial assistance is made possible through the generosity of the Oshkosh Area United Way, Y members & staff, and community donors. In order to apply for United Way funding, the Y is required to 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 statistics.

### ANNUAL HOUSEHOLD INCOME:

- LESS than \$10,000
- \$10,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000-\$59,999
- \$60,000-\$69,999
- \$70,000-\$79,999
- OVER \$80,000

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

- Yes
- No

### LIST ALL FAMILY MEMBERS: (Including applicant)

Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Ethnicity
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Ethnicity
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Ethnicity
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Ethnicity
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Ethnicity
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Ethnicity
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Ethnicity
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Ethnicity

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

