



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



FINANCIAL ASSISTANCE
FOR ALL



FOR ALL FINANCIAL ASSISTANCE APPLICATION

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. Through the generosity of community organizations like the Oshkosh Area United Way, Y members & staff, and community donors, the Y is accessible to all through the 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 can be awarded. Every Y member receives the same membership benefits, regardless of whether 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.

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)
 - 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. 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 with minor children

Young Adult (19-30 yrs)

Adult with minor children

Adult (31-64 yrs)

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

Senior (65+)

Select Program Categories

- | | | |
|--|--|---|
| <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 | |

*Program financial assistance will vary based on the program category. All Child Care assistance requests will be forwarded to the Child Care Director.

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	Verification Required for <u>ALL adult household members</u> regardless of interest in membership	
Required	Copy of most recent federal 1040 (W-2s not accepted)	Gross Monthly Household Income Totals
	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: _____	\$
	Total Gross Monthly Household Income	\$

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:



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.