

SHEBOYGAN COUNTY YMCA FINANCIAL ASSISTANCE APPLICATION



This application is for: New Membership Renewal Membership Camp Y-Koda Assistance

Name of Person Applying for Financial Assistance

Full Legal Name _____ Birth Date _____ M F

Why are you applying for financial assistance? _____

Annual Gross Income		Assistance (not considered income)	
Wages & Tips	\$	Child Support	\$
Unemployment	\$	Food Share	\$
Social Security	\$		
Alimony	\$		
Other Income	\$		
Total Income	\$		

Are you a single parent household?

- Yes
 No

Do you receive child support?

- Yes
 No

In order to consider your application, we need ALL of the following information that applies to you.

- Items that apply with necessary documentation. Incomplete applications are automatically denied.**
- Last year's 1040 federal tax form – the first two pages only. You can obtain a copy at www.irs.gov. If you did not file taxes last year, please bring your Social Security award letter, IRS form 4506-T or reason you did not file.
- Social Security: your award letter for SSI or SSDI. You can obtain a copy at www.socialsecurity.gov.
- Employment: **the last two (2) paystubs for every working adult in the household.**
- Unemployment: your latest award letter. You can obtain a copy at <http://dwd.wisconsin.gov/UI>
- Food Share: your latest award letter. You can obtain a copy at <https://access.wisconsin.gov>.
- Child Support: document showing amount paid in last month. Receive verification at <http://dcf.wisconsin.gov>.

Important Information

- Financial assistance is calculated off rates listed on membership application. It does not apply to ala carte items. The \$50.00 joiner fee on adult, couples and family memberships is waived if you qualify for financial assistance.
- There are limited weeks available at Camp Y-Koda. Discounts are given off of the day camp fees.
- Financial assistance applications are reviewed within 14 days. You will be contacted by phone and/or email after it is reviewed.
- After review, applications will be held for 30 days. If you do not respond, application is shredded.

SHEBOYGAN COUNTY YMCA FINANCIAL ASSISTANCE SCALE								
Annual Gross Income	Family Size							
	1	2	3	4	5	6	7	8+
\$55,001 - \$60,000	0%	0%	0%	0%	0%	0%	10%	20%
\$51,001 - \$55,000	0%	0%	0%	0%	0%	10%	20%	30%
\$48,001 - \$51,000	0%	0%	0%	0%	0%	20%	20%	30%
\$45,001 - \$48,000	0%	0%	0%	0%	10%	20%	30%	40%
\$42,001 - \$45,000	0%	0%	0%	10%	20%	30%	40%	50%
\$39,001 - \$42,000	0%	0%	10%	20%	30%	40%	50%	55%
\$36,001 - \$39,000	0%	10%	20%	30%	40%	50%	55%	65%
\$33,001 - \$36,000	10%	20%	30%	40%	50%	55%	65%	65%
\$30,001 - \$33,000	20%	30%	40%	50%	55%	65%	65%	65%
\$27,001 - \$30,000	30%	40%	50%	55%	65%	65%	65%	65%
\$24,001 - \$27,000	40%	50%	55%	65%	65%	65%	65%	65%
\$21,001 - \$24,000	50%	65%	65%	65%	65%	65%	65%	65%
\$17,001 - \$21,000	65%	65%	65%	65%	65%	65%	65%	65%
Below \$17,000	65%	65%	70%	75%	75%	75%	75%	75%

Based on the federal eligibility income chart used by the SASD

The application and supporting documentation may be returned to the Welcome Desk to the attention of Chris Conway at the Sheboygan YMCA or Ann Ertman at the Sheboygan Falls YMCA.

I understand that a background check will be done prior to granting financial assistance.

Signature of Applicant _____ Date _____

YMCA Use Only

Application reviewed on _____ by _____ Approved % _____ Denied

Notified on _____ Background checks completed on _____ by _____