FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FOR ALL

The YMCA of Grays Harbor is a nonprofit organization committed to helping people grow in spirit, mind, and body. The Y is here to serve people of all ages, backgrounds, abilities and incomes, and believes that programs and services should be available to everyone. For All, the Y's financial assistance program, is a sliding fee scale that is designed to fit each individual's financial situation.

The YMCA's For All program supported by our Annual Campaign, Bishop Endowment, and Weatherwax Endowment, uses all available resources to provide support to those who have financial need and qualify for assistance.

All Y members receive the same membership benefits, regardless of whether or not they are receiving assistance. Y members can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people and is committed to youth development, healthy living, and social responsibility.

The Y requires that individuals provide the requested information on the attached form regarding income and number in household so that it can provide financial assistance in a fair and consistent manner. This information will be kept confidential and not be used for any other purpose. The Y also requires that individuals reapply annually and keep the information on their application updated. Failure to do so may jeopardize the individual's membership status.

To process your application, we will need the following:

- **All forms signed, dated, and completely filled out**
- **Proof of income** (examples below)
  - **A copy of last year's tax return**
  - **A copy of your last two pay stubs**
  - **A copy of Social Security Income Statement**
  - **A copy of your bank statement showing automatic deposit**
  - **A copy of any financial assistance awards**
    ie: DSHS, Disability Checks, Food Stamps, Unemployment, L&I

The Y offers more than programs and services, we ensure that every individual has access to the essentials needed to learn, grow and thrive.

The Y, always here for you.

Name of Primary Adult (please print): _____

Address: _____

Number in Household: _____

Number of **adults**: _____ Number of **children: _____**

Membership Type:

☐ Youth ☐ Adult ☐ Adult (Active 62+) ☐ Single Adult Family ☐ Family

Income

1. $_____ Your Gross Monthly Income (before taxes)
2. $_____ Spouse's Gross Monthly Income (before taxes)
3. $_____ Child Support
4. $_____ Aid to Dependent Children
5. $_____ DSHS
6. $_____ Food Stamps
7. $_____ Other Income (please explain) _____
8. $_____ Other Income (please explain) _____
9. $_____ Total Monthly Income (add lines 1 – 8)
10. $_____ Total Annual Income (line 9 times 12)

Qualifying Amounts

	Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6
75% Off	$11,500	$15,500	$20,000	$24,500	$28,000	$32,000
50% Off	$15,500	$20,500	$26,000	$31,500	$37,000	$42,000
25% Off	$18,500	$25,500	$32,000	$39,500	$46,000	$52,000

I qualify for _____% off

I did not qualify but would still like to join. ☐ Yes

I can afford $_____ per month

Phone Number: _____

Day and time I would like to be contacted: _____

A YMCA of Grays Harbor Membership Services Staff will be contacting you to get more information about your financial hardship to determine what we can do to better address your needs and situation.

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA of Grays Harbor within 30 days of any changes to my income status, I acknowledge that my membership may be terminated.

_____ _____

Initials of applicant Date