



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



FINANCIAL ASSISTANCE  
**FOR ALL**



## 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 ONLINE or this paper copy.
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

Apply ONLINE at <https://www.oshkoshymca.org/for-all-financial-assistance> or complete this application. All applications must be filled out completely. Please print clearly and include all the required paperwork listed on the previous page. Please note the **DAV Chapter 17 WI is here to help YOU**. If you know of a Veteran that might need assistance with funding a membership, program or personal training, please alert a Y staff person so we can connect you with this resource.

## 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 (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>	\$

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. If I or my family 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. The 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.

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.

# FOR ALL Financial Assistance

## Frequently Asked Questions

### What is FOR ALL Financial Assistance?

The FOR ALL Financial Assistance program is offered by the Oshkosh Community YMCA to ensure that everyone has access to a Y membership and programs regardless of financial situation. The amount of assistance is determined by several factors:

- The number of individuals residing in the household
- The combined gross income of individuals living in the household
- The Y's sliding scale fee
- The availability of Y funds
- Information about any special circumstances the applicant may have

Once your application is approved, assistance can be applied to memberships, youth programs such as sports, swim lessons, and more. Assistance is typically valid for up to one year, so you will need to reapply with updated income documentation each year to maintain eligibility.

### Who can apply for FOR ALL Financial Assistance?

Anyone with a permanent address within the Oshkosh Community YMCA's service area and needs assistance affording a membership may apply. FOR ALL Financial Assistance is open to persons of all ages and backgrounds– families, adults, children, and seniors are all eligible. You must provide documentation to verify household income. If you are in our community on a temporary basis or do not have a permanent residence, you would not be eligible to apply.

### What kind of documentation do I need to apply for FOR ALL Financial Assistance?

Documentation to verify household income is required to apply. This can include:

- ***Most recent 1040 and/or self employment tax documents.*** These can be found in your most recently filed tax return. If you do not have a copy of your most recently filed tax return, you can obtain one by calling the IRS at 1-800-829-1040 or by requesting a transcript from the IRS. For more information on the IRS transcripts, visit <https://www.irs.gov/individuals/get-transcript>. **W2s are not accepted.**
- ***Last 30 days of paycheck stubs or letter from your employer indicating hours worked and pay.***
- ***Documentation of any additional income, such as:***
  - Social Security or Disability ([www.ssa.gov](http://www.ssa.gov))
  - Unemployment benefits (<https://my.unemployment.wisconsin.gov/>)
  - Child support or alimony (<https://dcf.wisconsin.gov/cs/pay/account-info>)
  - Government assistance, such as Foodshare, Wisconsin Works, etc (<https://access.wi.gov>)
  - Any other income
  - Written statement of any special circumstances you want the Y to be aware of

All income documentation must clearly show the name of the person receiving the income (the applicant or a household member included in the application), the type of income, the amount received, and how often it is received. This includes paystubs, Social Security or Disability award letters, government assistance statements (such as FoodShare), and any other forms of income. Screenshots or printouts of the documentation are fine, but **screenshots of deposits are not accepted.**

## FREQUENTLY ASKED QUESTIONS AND ANSWERS

### What if I don't file taxes?

If you don't file taxes, you can still request a copy of your IRS transcript (see the information above), which will create a document that states there is no record for that tax year, **OR** you can obtain a "Statement of Non-Filing" from the front desk of the YMCA.

### How long does the application process take?

Once we receive all of the required documentation, processing typically takes 3-5 business days. You'll be contacted as soon as a decision has been made.

### What happens if I don't submit all required documents?

Without all of the required documents, we are unable to process your application. We will reach out to you to request the missing information, which it will lengthen the processing time.

### What happens after my application is submitted?

Once we receive your completed application and all required documentation, we will review it and determine your eligibility. If you are eligible, you will receive an award letter outlining the scholarship amount you qualify for.

When you receive your letter, simply bring it to the Oshkosh Community YMCA indicated in the letter to activate your membership. Our Member Services team will help you get started and answer any questions you may have.

### Can I apply if I already have a membership?

Yes! Membership status is irrelevant to the application process. If you are a current member and are approved, the scholarship will be applied moving forward; it cannot be applied retroactively.

### Can I apply again if I was previously denied?

Yes, you may reapply at any time, especially if your financial situation has changed or if you can provide additional documentation that was previously missing.

### What if I'm under 18 and want to apply on my own?

If you're under 18, a parent or guardian will need to complete the application on your behalf and include household income.

### Will my information remain confidential?

Yes. All information and documents submitted for the FOR ALL Financial Assistance program are kept strictly confidential and are used solely for the purpose of determining eligibility.