



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# FOR ALL

## For All Program Application

### THE HEART OF OUR MISSION

The YMCA of Southern Arizona is a leading nonprofit organization committed to helping ALL people realize their fullest potential and 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.

### EVERYONE IS WELCOME

Through our For All Program, we provide assistance to youth, adults and families based on individual needs and circumstances. All this is made possible through the hard work and generosity of our volunteer fundraisers and donors in our Annual Community Support Campaign.

### COMMITTED TO OUR COMMUNITY

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 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.

### GETTING STARTED

To get started today, complete, sign & date all forms and return with the following:

1. **A copy of your most recent federal tax return** (1040, 1040A, or 1040EZ).  
Please black out Social Security numbers.
2. **Proof of household income:** Most recent two pay stubs from all current employers for each working adult, any government assistance letter (recent SSI or other government assistance award letter, disability checks, food stamps, unemployment ) showing how much monthly income you receive.



# YMCA OF SOUTHERN ARIZONA FOR ALL APPLICATION

## APPLICANT INFORMATION

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you or another member in your household presently serving in the military?  Yes  No

Are you or another member in your household a Veteran or Retired from the military?  Yes  No

## HOUSEHOLD INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Total Number of People in the Household \_\_\_\_\_ Total Number of Employed Adults

## HOUSEHOLD INCOME

1. \_\_\_\_\_ Gross Monthly Income (Before Taxes)

2. \_\_\_\_\_ Spouse Gross Monthly Income (Before Taxes)

3. \_\_\_\_\_ Misc. Income (Child Support, Cash Assistance, Food Stamps, Other Income)

4. \_\_\_\_\_ Total Monthly Income (Add lines 1-3)

5. \_\_\_\_\_ Total Annual Income (Line 4 multiplied by 12)

HOUSEHOLD SIZE						
	1	2	3	4	5	6+
<b>75% OFF</b>	\$11,900	\$14,280	\$17,136	\$20,563	\$24,676	\$29,611
<b>50% OFF</b>	\$15,875	\$19,050	\$22,860	\$27,432	\$32,918	\$39,502
<b>25% OFF</b>	\$19,850	\$23,820	\$28,584	\$34,301	\$41,161	\$49,393

Based on my annual income and the info above, I qualify for \_\_\_\_\_% off membership & program fees.\*

\* Excludes Summer Day Camp, Resident Camp, After School, Preschool, Personal Training and Private Swim Lessons.  
Separate application required.

Do you not qualify, or are you still unable to afford fees based on the table above? We still want to help, if possible!  
Please share what amount you can afford. Membership \$ \_\_\_\_\_ per month Program \$ \_\_\_\_\_ per session

A YMCA of Southern Arizona 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.

If willing, please share how a reduction in your fees would help you and your family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature of Applicant

Date