



YMCA OF MARTHA'S VINEYARD
Swartz Family Facility
Noepe Aquatics Center
Home of Alex's Place
Martha's Vineyard Ice Arena

Y For All Financial Assistance Program

Our Financial Assistance program enables all individuals and families to become active members and participants at a rate that fits their budgets. This program is possible thanks to the many generous donors who support the YMCA's Annual Campaign —100% of donations made to the Y helps support kids, adults and families in need.

Financial assistance is granted based on the need demonstrated by household income and/or extenuating circumstances. Each application is confidentially reviewed on an individual basis. Financial assistance reduces membership or program fees as a percentage off the total cost. Financial Assistance can be applied to membership, group swim lessons, After School Program, and Summer Camp.

Please contact, Membership Director, Haley Hines, with questions at hhines@ymcamv.org.

****IMPORTANT NOTE: Completed applications, once submitted, can take up to 2 weeks to process. No refunds are issued to membership or programs fees prior to receiving Y financial assistance approval.***

To process your application we request the following information:

- Completed Y Financial Assistance Application
- Copy of photo ID
- Copy of one month of recent pay stubs for you and you domestic partner
- If applicable, unemployment benefit letter, Government Assistance/Social Security letter and/or child support
- Copy of your most recent Federal Tax form 1040 or W2
- If you are unable to produce any of the above documents, please provide a brief letter of explanation or personal statement explaining your circumstances.

We will make every effort to work with applicants who have difficulty providing any of the above documentation or do not meet the income guidelines.

Please see income sliding scale below as a guideline for qualification.

Family Size	Yearly Income Range
1	\$1,000 - \$51,550
2	\$31, - \$65,000
3	\$30,000 - \$82,000
4	\$36,000 - \$99,000
5	\$43,000 - \$115,000
6	\$49,500 - \$132,000
7	\$55,000 - \$149,000
8	\$62,000 - \$190,000



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DATE ____ / ____ / ____

Y STAFF ONLY: M% _____ P% _____ C% _____

1 HOUSEHOLD INFORMATION

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

APPLICANT INFORMATION: ADULT ONE

FIRST NAME _____ LAST NAME _____ D.O.B. _____

MALE FEMALE NON-BINARY CELL # _____ EMAIL _____

SECOND ADULT + HOUSEHOLD DEPENDENTS (if applicable)

NAME _____ D.O.B. _____ MALE FEMALE NON-BINARY

NAME _____ D.O.B. _____ MALE FEMALE NON-BINARY

NAME _____ D.O.B. _____ MALE FEMALE NON-BINARY

NAME _____ D.O.B. _____ MALE FEMALE NON-BINARY

NAME _____ D.O.B. _____ MALE FEMALE NON-BINARY

2 MEMBERSHIP TYPE CHECK ONE

SINGLE PARENT FAMILY
1 ADULT, CHILD/CHILDREN UNDER AGE 25)

FAMILY
2 ADULT, CHILD/CHILDREN UNDER AGE 25)

TEEN (AGES 13 - 19)

YOUNG ADULT (AGES 20 - 26)

ADULT (AGES 27 - 61)

Older Adult (AGE 62+)

Older Adult COUPLE (AGE 62+)

PROGRAMS CHECK ALL THAT APPLY

Swim Lessons

Summer Camp

After School Program

DOCUMENTS TO QUALIFY, PLEASE PROVIDE ONE OF THE FOLLOWING DOCUMENT(S) FOR EVERY ADULT IN THE HOUSEHOLD:

- Federal Tax Form 1040
- W2
- 1 Month of Paycheck Stubs
- Government Assistance
- Child Support Document

IF FORM 1040 IS NOT AVAILABLE, PLEASE PROVIDE AN IRS VERIFICATION OF NON-FILING LETTER OR SOCIAL SECURITY BENEFIT STATEMENT (IF AVAILABLE)

4 EXPENSES (optional)

RENT \$ _____

MORTGAGE \$ _____

UTILITIES \$ _____

OTHER (LIST BELOW) \$ _____

TOTAL \$ _____

5 INCOME VERIFICATION (required)

NET INCOME \$ _____

SSI BENEFITS \$ _____

DISABILITY BENEFITS \$ _____

CHILD SUPPORT \$ _____

MONTHLY TOTAL \$ _____

If you would like to include any additional information, extenuating circumstances or household expenses you would like us to consider when processing your application, please attach a letter to this application.

I agree that all information provided to the YMCA of Martha's Vineyard is accurate and truthful. I understand that falsification of information will lead to immediate termination my membership or denial of financial assistance.

SIGNATURE _____ DATE _____