

# INCOME BASED RATE APPLICATION

## LAWRENCE COUNTY YMCA

Please complete all items on this application.

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(number and street) (city and state) (zip code)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer or School: \_\_\_\_\_ Email address: \_\_\_\_\_

If Adult, Spouse's Name: \_\_\_\_\_ Employed By: \_\_\_\_\_

If Youth, Parents' Names: \_\_\_\_\_ Employed By: \_\_\_\_\_

Please list names and ages of dependent children. (Must be under age 18 or full-time students under age 25):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Total Number of people living in household: \_\_\_\_\_ Number of Adults: \_\_\_\_\_

### Type of Membership Requested:

\_\_\_\_\_ Youth (Ages 0 - 12)    \_\_\_\_\_ Teen (Ages 13 - 19)    \_\_\_\_\_ Young Adult (Ages 20 - 29)    \_\_\_\_\_ Adult (Ages 30 - 64)  
 \_\_\_\_\_ Senior (Age 65+)    \_\_\_\_\_ Senior Couple    \_\_\_\_\_ Family (Parents & children ages 18 and younger)

Income	Number of household members							
	1	2	3	4	5	6	7	8
< 15,060	50%	50%	50%	50%	50%	50%	50%	50%
15,060	50%	50%	50%	50%	50%	50%	50%	50%
19,365	60%	50%	50%	50%	50%	50%	50%	50%
23,400	70%	60%	50%	50%	50%	50%	50%	50%
27,435	80%	70%	60%	55%	50%	50%	50%	50%
31,470	90%	80%	75%	70%	60%	50%	50%	50%
35,505	100%	90%	85%	80%	70%	60%	50%	50%
39,540	100%	100%	90%	90%	80%	70%	60%	50%
43,575	100%	100%	100%	100%	90%	80%	70%	60%
47,610	100%	100%	100%	100%	100%	90%	80%	75%
51,645	100%	100%	100%	100%	100%	100%	95%	90%
> 51,645	100%	100%	100%	100%	100%	100%	100%	100%

Lawrence County YMCA Income Based Rate Scale

# INCOME BASED RATE SCALE GUIDELINES

## LAWRENCE COUNTY YMCA

*The Lawrence County YMCA is a nonprofit, cause driven organization of men, women and children joined together by a shared commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility. Our movement is made up of people of all ages and from every walk of life, all working side by side to ensure that everyone, regardless of gender, income or background, has the opportunity to live life to its fullest. We are committed to helping our neighbors in need.*

### **Who does the YMCA seek to serve with Financial Assistance?**

- Youth referred by school districts, churches and human service organizations.
- Families or adults who are temporarily out of work.
- Single parent families struggling with the absence of a parent in the family.
- Adults on a fixed income.

Our Y offers membership rates based on family income (financial support) for all memberships.

### **How much assistance will be provided?**

Income based rates (financial assistance) are awarded based on income, number of participants in the family, and the amount of scholarship dollars available. The amount is based on guidelines from the Y-USA, which is based on USA 2023 Poverty Guidelines. Children are given first preference for any funds available.

### **How long will assistance continue?**

Income-based rates are provided for one calendar year. After one calendar year, **verification of income is required** to continue membership.

### **How will you receive assistance with your membership?**

1. Obtain a rate-based application at the Member Service Center.
2. Complete the application and return it to the YMCA with verification of current income.

***\*No application will be considered without documentation of income \****

## **Accepted Forms of Income verification**

- ***Most recent completed IRS tax form AND SNAP (if applicable)***
- **OR SSI Statement and SNAP (If applicable)**

3. Assistance will continue for long as payments are made according to the arrangement. **Once a membership is terminated for nonpayment, it is unlikely that it will be reinstated.**
4. The income-based payment plan is Bank Draft only.

### **Who will see my information?**

Your information is kept confidential and will only be seen by YMCA staff professionals.

### **Who furnishes the funds for Scholarships?**

Funds are provided by our members and partners who give to our Annual Giving Campaign and the United Way throughout the year.

### **LAWRENCE COUNTY YMCA**

20 West Washington Street  
New Castle, PA 16101

P: 724.658.4766 F: 724.658.4760

W: [www.lawcoymca.org](http://www.lawcoymca.org)



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

1. Documentation of all income for all adults in the household.
2. All documentation must be attached to this application.
3. Only the people you have listed on this application can be on the membership.
4. All children out of high school up to the age of 24 must be in college to be on the family membership. (college verification required – class schedule)
5. Children out of high school and not in college must apply for their own membership.

**If we do not have all the information needed, the application will not be accepted**

**Additional Information:**

1. Are you in a single-parent household?  Yes  No
2. Have you ever applied for assistance at a YMCA before?  Yes  No  
If yes, which YMCA? \_\_\_\_\_
3. Have you ever volunteered at a YMCA?  Yes  No  
If yes, in what position and how many hours? \_\_\_\_\_
4. Why are you applying for financial assistance? \_\_\_\_\_
5. What benefits do you see in having membership at our YMCA?  
\_\_\_\_\_

**How did you hear about the YMCA’s Financial Assistance program?** (check one)

- Friend  Newspaper  Radio  Brochure  Other \_\_\_\_\_

***The above information is certified to be correct to the best of my knowledge and I have read and understood the guidelines of this assistance program.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Terms of this agreement are subject to change without notice

**DO YOU HAVE:**

**Your most recent completed IRS tax form AND SNAP (if applicable) or SSI.**

**Applications will NOT be accepted without documentation.**

**Please consider writing a thank you letter to the YMCA Board of Directors for their continued support for Financial Assistance. Thank you!**

STAFF USE ONLY

Please circle: Approved / Denied / More Info

If approved, please circle: Youth / Adult / Family: Monthly fee \$ \_\_\_\_\_ Savings of \$ \_\_\_\_\_

Date of Approval \_\_\_/\_\_\_/\_\_\_ In Daxko? Y / N Member called? Y / N Staff Initials \_\_\_\_\_