



Hampshire Regional YMCA
*We build strong kids,
strong families, strong communities.*

Dear Applicant:

Date: _____

Attached you will find the Hampshire Regional **YMCA Membership** application for **Membership/Program Adjustment**. This application can be used to request a **fee adjustment** for Membership, Programs or Camp. **Please read these instructions carefully.** It is important to complete the bottom portion of the application in full and to attach **copies of all** required documentation to your application. *(Please note that we **cannot** supply copies for you).* **Incomplete applications will not be reviewed or processed. Completion of this application does not guarantee you assistance.** You will receive a letter regarding your status in the program after review.

This assistance is made possible with funds from The Hampshire Regional YMCA Annual Fund and the United Way.

INSTRUCTIONS:

- Complete the bottom portion of the attached application completely.
- Complete the YMCA Membership Application with all family members and birthdates who will be a part of this membership.
- You must attach **all** the following documentation to your application for it to be considered.

1. **Copy of your last US Federal Income Tax return filed.**
***Self-employed individuals will need to submit Section C of your tax return**
2. **Last year W2**
3. **One month proof of income**
4. **Lease/rental agreement or documentation of mortgage.**

OR

- In the event you do not have the above required documentation you may submit the following if applicable.

1. **Unemployment benefit statement**
2. **Social Security benefits statement.**
3. **Child Support (dated court document)**
4. **Current utility bill (phone, electric or gas)**
5. **Lease/rental agreement or documentation of mortgage.**

- Applications must be received one month prior to the start of the requested program. Please allow two weeks processing time.
- Please note that when applying for either 1 adult household or 2 adult household membership, proof of income form both parents must be submitted.
- Effective January 2008, Adults with disabilities must supply documentation of disabilities**
- MEMBERSHIP ASSISTANCE** is awarded for the type of membership and for a period of 6 months. You must re-apply at 6 months. If assistance is requested a new application and requested documentation must be submitted. Membership is non-transferable. **You may pay the co-payment and choose either to pay the remainder in full or through a monthly bank draft when membership is activated.**
- PROGRAM ASSISTANCE** is awarded for the program session. A new application must be submitted for each session you wish to enroll. **Co-payments are due in full upon registration for each program session.**
- CAMP ASSISTANCE** requires a **camp registration form to be attached to your application.** Any additions to your registration after assistance is approved will require re-application for those additions. **Co-payment is due in full each camp session before your child can start camp.**

Return your completed application to:

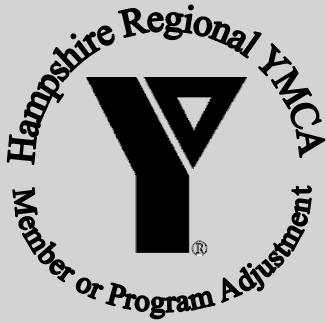
Donna Abel
Hampshire Regional YMCA
286 Prospect St.
Northampton, MA 01060



President: **William D. Grinnell**

Executive Director: **David Marks**

286 Prospect Street, Northampton, MA 01060 • 413-584-7086 • Fax 413-586-1912 • www.hrymca.org



The YMCA has lived its mission to build health of spirit, mind and body for all and to improve the quality of life for children, individuals, families and communities.

The Y is more than just a building; we're building health and wellness through innovative partnerships with hospitals, neighborhood health centers, universities and others. And we want these programs and services to benefit everyone in the communities we serve.

Today, the YMCA is now more affordable than ever, thanks to our new **Membership or Program Adjustment**. Each year, the YMCA gives tens of thousands of children, adults and seniors the knowledge, techniques and confidence they need to live long lives. However, we understand that for some, membership may be just out of financial reach.

Membership or Program Adjustment is the YMCA's scholarship program that enables individuals with disabilities, seniors and families in need to become an active member of their YMCA.

Membership or Program Adjustment

For non-members or members not receiving membership adjustment

Contingent to availability of funding

*Reduced joiners fee is determined on Household Income

Household Income	1 Adult w/ disabilities
\$40,000— \$49,500	10%
\$30,000— \$39,500	20%
\$20,000—\$29,500	30%
\$15,000- \$19,500	40%
Under \$14,500	50%

Household Income	1 Senior Adjusted rate
\$40,000— \$49,500	10%
\$30,000— \$39,500	20%
\$20,000—\$29,500	30%
\$15,000- \$19,500	40%
Under \$14,500	50%

Household Income	Family Membership 1 Adult w/children Adjusted rate
\$70,000— \$79,500	5%
\$60,000— \$69,500	10%
\$50,000— \$59,000	20%
\$40,000— \$49,500	30%
\$30,000—\$39,500	40%
\$20,000-\$29,500	50%
Under \$20,000	60%

Household Income	Family Membership 2 Adult w/children Adjusted rate
\$70,000— \$79,500	5%
\$60,000— \$69,500	10%
\$50,000— \$59,000	20%
\$40,000— \$49,500	30%
\$30,000—\$39,500	40%
\$20,000-\$29,500	50%
Under \$20,000	60%

Applying for which Membership Type (circle one): Adult Senior 1 adult w/children 2 adults w/children **OR**
 Program Type: Adult classes Children's Classes Summer Camp (s)

Name _____ Birth date _____ Gender: () F () M
 Address _____ Apt # _____ City _____ State _____ Zip _____
 Home phone _____ Emergency Contact & Phone _____ Email _____
 Employer Name/Address _____ Number of Dependents: _____ Child Support: \$ _____
 Your Annual Salary: \$ _____ Spouse's Annual Salary: \$ _____ Other Income/source: _____ Amount: \$ _____

Please note: When applying for either 1 Adult or 2 Adult Household membership, proof of income from both parents must be submitted.

Please read the attached cover letter. To qualify for Membership or Program Adjustment you must submit the documents listed.

I hereby attest that all of the information provided is true and accurate.

Applicant Signature _____ Date _____

Questions may be directed to Member Services @ 413-584-7086