



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

WELCOME TO ALL

Siskiyou Family YMCA Financial Assistance

MISSION STATEMENT

The Siskiyou Family YMCA is a charitable, community service association dedicated to building a healthy body, mind and spirit for all. Part of a worldwide movement, the Siskiyou Family YMCA puts Christian principles into practice through programs that promote good health, strong families, youth leadership, community development and international understanding. The Siskiyou Family YMCA is open to men, women and children of all ages, races, abilities and creeds.



FINANCIAL ASSISTANCE POLICY

No one will be denied membership or program participation based solely on an inability to pay fees, subject to the Siskiyou Family YMCA's available resources. Financial Assistance Applications are available to all. Persons needing assistance are encouraged to contact any Siskiyou Family YMCA staff member. All requests for financial assistance and each applicant's information are kept confidential.

- Financial assistance is intended to be a temporary help measure for a period of one year. At the end of one year your membership will end. If you are still in need of financial assistance, you will need to reapply.

How to Apply for Financial Aid

1. Complete the Siskiyou Family YMCA Financial Assistance Application.
2. Provide verification of all income, i.e., most recent paycheck stub, a copy of last year's federal income tax form 1040, and copy of any state or federal subsidy allowance statement.
3. Return the Application and copies of income verification to:

**Siskiyou Family YMCA
350 N. Foothill Drive
Yreka, CA 96097**





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Siskiyou Family YMCA Financial Assistance Application

Print Name: _____

Mailing Address: _____ City: _____

Zip: _____ Primary Phone: _____ Other Phone: _____

Email: _____ Emergency Contact Name: _____

Emergency Contact Phone: _____

I am applying for: Membership: _____ Program: _____

Please complete all information below for individuals to be included on the membership or program:

Name: _____ DOB: _____ Relation: SELF
Adult Child

Name: _____ DOB: _____ Relation: _____
Adult Child

Name: _____ DOB: _____ Relation: _____
Adult Child

Name: _____ DOB: _____ Relation: _____
Adult Child

Name: _____ DOB: _____ Relation: _____
Adult Child

LIST INCOME FOR ALL ADULTS IN HOUSEHOLD

In order to verify information, you may be asked to provide proof of income

Gross wages, salaries, tips, etc. \$ _____ Child/Spousal Support \$ _____

Unemployment Compensation \$ _____ Social Security: SSI, SSDI, SDI \$ _____

CalFresh \$ _____ Passport to Services \$ _____

Retirement/Pension \$ _____ School Financial Assistance \$ _____

HUD Assistance \$ _____ Other \$ _____

Are there circumstances that substantially impact your gross income and household finances?

FOR OFFICE USE ONLY:

Income Total: \$ _____ # in Household: _____ Qualifies for: _____

Does Not Qualify

Awarding: _____ % Membership; _____ % Program; _____ % Camp/Child Care; _____ % Other

Comments: _____

Processed by: _____ Date: _____

**Siskiyou Family YMCA
Financial Assistance
Based on 2022 US Department of Health and Human
Services**

Discount Rate	1	2	3	4	5	6	7	8 +
50%	\$13,590	\$18,310	\$23,030	\$27,750	\$32,470	\$37,190	\$41,910	\$46,630
40%	\$16,590	\$22,310	\$28,030	\$33,750	\$39,470	\$45,190	\$50,910	\$56,630
30%	\$19,590	\$26,310	\$33,030	\$39,750	\$46,470	\$53,190	\$59,910	\$66,630
20%	\$22,590	\$30,310	\$38,030	\$45,750	\$53,470	\$61,190	\$68,910	\$76,630
10%	\$25,590	\$34,310	\$43,030	\$51,750	\$60,470	\$69,190	\$77,910	\$86,630
This level or above does not qualify	\$25,591	\$34,311	\$43,031	\$51,751	\$60,471	\$69,191	\$77,911	\$86,631

Member discount percentage is based on the lower end income for category. For example, John is a single adult with an income of \$10,000 per year. John would receive a 50% discount. Marsha and Tim Smith have 2 children and together their combined income is \$32,000 per year. The Smith family would receive a 20% discount on their family membership

