



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 talk to the Front Desk Staff. 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 for all adults in the household, i.e., most recent pay 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 (Circle ONE):      Membership      **OR**      Programs

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: \_\_\_\_\_

Child

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Child

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

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 2025 Federal Poverty Levels by the  
California Department of Health Care Services

### Discount Rate

	1 person in household	2 persons in household	3 persons in household	4 persons in household	5 persons in household	6 persons in household	7 persons in household	8 + persons in household
<b>50%</b>	\$15,650	\$21,150	\$26,650	\$32,150	\$37,650	\$43,150	\$48,650	\$54,150
<b>40%</b>	\$18,650	\$25,150	\$31,650	\$38,150	\$44,650	\$51,150	\$57,650	\$64,150
<b>30%</b>	\$21,650	\$29,150	\$36,650	\$44,150	\$51,650	\$59,150	\$66,650	\$74,150
<b>20%</b>	\$24,650	\$33,150	\$41,650	\$50,150	\$58,650	\$67,150	\$75,650	\$84,150
<b>10%</b>	\$27,650	\$37,150	\$46,650	\$56,150	\$65,650	\$75,150	\$84,650	\$94,150
<b>This level or above does not qualify</b>	\$27,651	\$37,151	\$46,651	\$56,151	\$65,651	\$75,151	\$84,651	\$94,151

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.

