



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

The Kettle Moraine YMCA is committed to our mission that, "No one is turned away for the inability to pay." Everyone receives the same membership benefits, and/or quality programming regardless of whether or not they are receiving financial assistance. The Y maintains confidentiality of all financial information received in the application process.

- Program and Membership for All reduces membership and/or program fees; it does not eliminate them.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.
- The Y reserves the right to ask for additional documentation at anytime.
- Please contact your branch if you have any questions.



Program and/or Membership For All Application

Apply in 5 easy steps! Please print clearly.

1. APPLICANT INFORMATION (Primary Account Holder)

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

If applicant is under 18:
Parent or Legal Guardian Name: _____

Emergency Contact: _____

Phone Number: _____

2. ALL PERSONS LIVING IN HOUSEHOLD

Place a ✓ for each person applying for assistance.

	Name	DOB
Parent/Adult	_____	_____
Parent/Adult	_____	_____
Child	_____	_____
Other	_____	_____

Program and Membership for All Scale (For Office Use.)

Annual Income		Monthly Income Maximum	% Discount Off of Membership Rate				
From	To		1	2	3	4	5*
\$0	\$27,000	\$2,250	90%	90%	90%	90%	90%
\$27,001	\$40,000	\$3,333	70%	75%	85%	90%	90%
\$40,001	\$60,000	\$5,000	50%	55%	65%	65%	70%
\$60,001	\$80,000	\$6,666	30%	35%	45%	55%	65%
\$80,001	\$99,000	\$8,250	20%	25%	30%	35%	45%

*add 5% for each additional person after 5 with max discount at 90%.

KETTLE MORaine YMCA | www.kmymca.org

West Washington Branch
1111 W. Washington St., West Bend, WI 53095
262-334-3405

Feith Family Ozaukee Branch
465 Northwoods Rd., Port Washington, WI 53074
262-268-9622

River Shores Branch
705 Village Green Way, West Bend, WI 53090
262-247-1050

3. I AM APPLYING FOR

Membership Programs
Both Membership and Programs

MEMBERSHIP TYPE:

Youth: 17 and under
Young Adult: 18-25
Individual: 26-59

Senior Individual: 60+
Senior Two Adult Household 60+ Household

*Does not apply to licensed child care programs, please contact your local branch for more information West Bend childcareww@kymymca.org or Port Washington/Saukville childcareff@kymymca.org.

For more information on West Bend Financial Assistance, please email WW.FA@kymymca.org and for more information on Port Washington Financial Assistance please email FF.FA@kymymca.org.

4. Acknowledement

I consent for the Kettle Moraine YMCA to enter my name, address, phone number and email into Insightful Markets FAccheck platform to determine an estimated household income and placement on the Kettle Moraine's Program and Membership for All scale. The Y requests that individuals and families reapply every year, with updated documentation. If documentation is required, all information provided will be shredded after approval.

Signature of person completing this form _____ Date _____

5. IF FACHECK DOES NOT INSTANTLY QUALITY, PROVIDE THE FOLLOWING DOCUMENTS:

	Adult 1	Adult 2	Adult 3
Gross income (for all wages/tips/pensions/annuities)			
Child Support			
Social Security Benefits			
Unemployment			
Food Share			
Disability			
Tax Return (most recent)			
Any other income			

For your application to be processed, you must provide verification of all sources of household income:

- Most recent 30 days income of all wage earners, this includes pension and annuities
- Court order verifying child support
- Verification of any government assistance
- Current SSI documentation
- Proof of unemployment/verification not employed
- Proof of any other source of income
- Most recent tax return form

Total Monthly Income \$ _____

TELL US MORE...Why the Y? How can the Y help you?

FOR OFFICE USE

APPROVED: YES NO	DATE: _____	STAFF MEMBER: _____	
MEMBERSHIP TYPE: _____		BRANCH: _____	
MEMBERSHIP SCHOLARSHIP%: _____		NOTES IN CORE: YES NO	
MONTHLY FEE: _____	ANNUAL FEE: _____	SUPERVISOR SIGNATURE: _____	
DATE CONTACTED: _____		INSTANT FACHECK: YES NO	AMOUNT _____