



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



WELCOME TO ALL **No one is turned away for the inability to pay.**

Confidential, fast and easy application process that may instantly qualify you for financial assistance towards membership dues AND program fees.

Good to know:

- No hassle verification through FAccheck database for instant qualification.
- Program and Membership for All reduces membership and program fees; it does not eliminate them.
- Annual renewal process is required for benefit continuation.
- When you reapply, your membership fee may be adjusted based on updated eligibility requirements and the current assistance scale.
- 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 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 ☐	_____	_____
Child ☐	_____	_____
Child ☐	_____	_____
Child ☐	_____	_____
Other ☐	_____	_____

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

Annual Household Income		Monthly Income Maximum	% Discount Off of Membership Rate				
From	To		1	2	3	4	5*
\$1	\$9,999	\$834	95%	95%	95%	95%	95%
\$10,000	\$29,999	\$2,500	85%	90%	90%	95%	95%
\$30,000	\$39,999	\$3,334	65%	85%	90%	95%	95%
\$40,000	\$59,999	\$5,000	50%	55%	60%	65%	65%
\$60,000	\$74,999	\$6,250	30%	35%	40%	45%	50%
\$75,000	\$99,999	\$8,334	0%	5%	10%	10%	10%
\$100,000	\$124,999	\$10,417	0%	0%	5%	5%	10%

*add 5% for each additional person after 5 with max discount at 95%.

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

Please see reverse side of form.

Updated 10/1/26

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@kmymca.org or Port Washington/Saukville childcareff@kmymca.org.

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

4. Acknowledgement

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 QUALIFY, 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: _____

BRANCH: _____

MEMBERSHIP TYPE: _____

NOTES IN CORE: YES ☐ NO ☐

MEMBERSHIP SCHOLARSHIP%: _____

SUPERVISOR SIGNATURE: _____

MONTHLY FEE: _____ ANNUAL FEE: _____

INSTANT FACHECK: YES ☐ AMOUNT _____ NO ☐

DATE CONTACTED: _____