

**PLEASE ATTACH THIS FORM TO THE ORIGINAL MEMBERSHIP APPLICATION FORM
THAT WAS COMPLETED BY THE MEMBER**

Welcome to the YMCA of Southwestern Ontario's Financially Assisted Membership Program.

Our program serves those individuals that are unable but not unwilling to pay the full fee to become a member of the YMCA. We will make every effort to accommodate and determine a financial agreement that is acceptable to both you and the YMCA of Southwestern Ontario. All information provided will be kept confidential.

Our Mission: The YMCA of Southwestern Ontario is a multi-service charity that provides opportunities for personal growth in spirit, mind and body for people of all backgrounds, beliefs and abilities.

YMCA Core Values: Caring | Honesty | Respect | Responsibility | Inclusiveness

Who qualifies?

- Anyone who is unable but not unwilling.
- Able to commit and maintain bi-weekly recurring payment.

How much assistance does the YMCA provide?

- The level of assistance is based upon your own financial situation and is worked out on a case-by-case basis, confidentially between the family and the YMCA staff.
- We recognize that every family's situation is unique. In addition to family income, other circumstances that pose a barrier to paying the full membership fee are taken into consideration.
- We are unable to provide full fee assistance; families are expected to pay a portion of the membership fee.

The YMCA of Southwestern Ontario may request you to provide proof of income when determining subsidy**. We ask that you take time to complete the table below as accurately as possible. The YMCA of Southwestern Ontario as a not-for-profit does not set our fees with a profit in-mind. We are able to subsidize memberships due to our charitable status. Using fundraising and donations to help subsidize the full fee. For every dollar that we subsidize, we rely on the generosity of donors to make up.

**Subsidy is calculated using Low Income Cut Off (LICO) grids.

**If requested, acceptable proof of income documentation are as follows. The YMCA of Southwestern Ontario requests that you provide as many of the following:

- Most current Notice Of Assessment for each adult in the household
- 2 consecutive months of current payroll stubs for each adult in the household stating Gross Earnings
- Monthly statements from Government income sources (Ontario Works, ODSP etc.)
- Canada and Ontario Child Benefit summary stating family's Adjusted Annual Income
- Other household income sources such as child or spousal support, rental income, OSAP etc .

Subsidy Rate is valid for up to three (3) months from date of assessment. The YMCA may incrementally reduce your subsidy after your first 3 months of membership. The YMCA will notify you of any changes. Members may request a reassessment at any time should financial circumstances change.

HEALTH, FITNESS & AQUATICS - FINANCIAL ASSISTANCE APPLICATION

How do I apply?

1. Tour the Y branch to learn about what membership, programs and services are the right fit for you.
2. Fill in the application form
 - a. In person at the branch, you would like to join for review by Membership Services.
 - b. Online <https://www.ymcaswo.ca/financial-assistance>
 - c. Email membership.relations@swo.ymca.ca
3. Talk to or meet with Membership Services staff to assess your situation and learn how you can get started in your Y community.

Determining your Gross Annual Household Income?

Gross annual income is the total amount of income before taxes. Please provide income information for all individuals within your household **regardless of whether they are joining the Y.**

Self-Declared Annual Household Income	
1. Employment Income, Pension, WSIB, etc..	\$
2. Government Assistance Income (OW, ODSP, etc..)	\$
3. Canada/ Ontario Child Benefit, Child Care Supplement	\$
4. Other Income (OSAP, Ontario Trillium Benefit, Rental Income, Child Support, Spousal Support etc.)	\$
Total Annual Gross Household Income	\$
# of employed adults in the Household	#
# of individuals under the age of 15 in the household	#
Total # of individuals in the household	#
APPLICANTS NAME:	
PHONE NUMBER:	EMAIL ADDRESS:
SIGNATURE:	DATE:

OFFICE USE ONLY:

CONFIRMATION OF IDENTITY: _____ PHOTO ID (e.g. Driver's license, student card, passport, etc.)		
MEMBERSHIP/PROGRAM/COURSE:	APPLICANTS PRIMARY BARCODE:	
IF PROOF WAS USED TO DETERMINE SUBSIDY, WHICH NUMBERED DOCUMENTS WERE USED (e.g. 1 = Employment Income)		
QUOTED FINANCIAL ASSISTANCE %	QUOTED FEE: \$ (Bi-weekly & excl. tax)	MEMBER HAS AGREED TO PAY: \$ (BI-WEEKLY before tax)
STAFF NAME:	STAFF SIGNATURE:	DATE:

