

130 Woodland Glen Drive, Guelph, Ontario N1G 4M3 519-824-5150 Fax: 519-824-4729 www.guelphy.org

Everyone Welcome

Applicant Information:

First Name:

The YMCA YWCA of Guelph wants everyone to be able to benefit from a healthy lifestyle. Therefore, financial assistance is made available to those who are unable to afford our regular membership and or program fees. This assistance is provided to those unable not unwilling to pay our fees. Eligibility is based on total family unit income and family unit size. The purpose of this form is for applicants to present this information to us for review.

Our assessment is based on comparing your family size and income to local data. Those with income at or below, local low income cutoff's are eligible for full membership access to the Y, at our minimum subsidized fee. Those with income at or above the median income levels are deemed as able to afford our regular fee structure. We do not request or review your expenses. How your family budgets and spends its funds is your decision. Those with income between local low income cutoff's and median income levels will be assessed a membership fee discount percentage. We determine discount or subsidy eligibility in a very brief confidential interview with our member service staff. The purpose of this interview is to verify the income and other information presented on this form. An appointment should take no longer than 10 minutes to complete. Please be prepared to start your membership after your appointment: bring payment information (void cheque or credit card) to set up your subsidized membership payments. MUST BRING PROOF OF EARNINGS WITH YOU TO YOUR APPOINTMENT: pay stub, 2 months of your most recent bank statements, recent income tax notice of assessment (for line 236)

Address	City:			
Postal Code:	Phone:		DOB	
Email address:				
Emergency Contact:	Phone:			
First Name/ Last Name.	Relationship to applicant	Age	Date of Birth YYYY/MM/DD	Office use only. (Show full fees here)
1.				
2.				
3.				
4.				
5.				
6.				

Last Name:

Income:			
Please record annual income from all sources(including GST and child tax credit)	Net annual amount verified by		
1.Employment earnings \$			
2.Boarders/rent \$			
3.Employment Insurance/Social Assistance \$			
4.Alimony/Child Support, etc.\$			
5.Pension/ Child Tax Credit \$			
6.Other \$			
Total annual income from all sources, and family members			
Line 236 income as stated on income tax notice of assessment:			
I,			
OFFICE USE ONLY			
TOTAL FEES: \$			
MONTHLY PRE-AUTHORIZED PAYMENT: \$ ANNUAL AMOUNT OF Y SUBSIDY: \$			
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OFFICE USE ONLY	
TOTAL FEES:	\$
MONTHLY PRE-AUTHORIZED PAYMENT:	\$
ANNUAL AMOUNT OF Y SUBSIDY:	\$
LENGTH OF MEMBERSHIP IN MONTHS	
REVIEWED BY:	Date:
APPROVED BY:	Date: