



**FORM OF DOCUMENTATION FOR INCOME:**

*\*Do not leave a line blank; use the number **zero** if there is no income to report.*

**Itemize your current monthly income:**

Wages, salaries and tips \$ \_\_\_\_\_

Unemployment compensation \$ \_\_\_\_\_

Social Security Compensation \$ \_\_\_\_\_

Child support income \$ \_\_\_\_\_

Aid to dependent children \$ \_\_\_\_\_

Food stamps \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Other income \$ \_\_\_\_\_

What is the total annual income for your entire household? \$ \_\_\_\_\_

What is the total number of people supported by your income? \$ \_\_\_\_\_

What is the total cost of the Membership or Program you are applying for? \$ \_\_\_\_\_

**All members are expected to contribute, how much can you afford to pay monthly?** \$ \_\_\_\_\_

**Attach a copy of one or more of the following items as proof of income:**

**(Check Appropriate Source)**

\_\_\_\_\_ Latest tax return IRS 1040 **and** a letter indicating your personal financial situation ~or~

\_\_\_\_\_ Social Security subsidy document **and** a letter indicating your personal financial situation ~or~

\_\_\_\_\_ Public aid documentation **and** a letter indicating your personal financial situation

**Statement by applicant: I certify that all information provided to the Winona Family YMCA for reduction of fees is true. I understand that false information will make me ineligible for any participation in this organization. I understand that the decision to grant a fee reduction is at the sole discretion of the Y's Board of Directors or its designee.**

Terms: Payments must be made starting at the time of joining and each month consecutively thereafter until the membership or program is paid in full. The Winona Family YMCA has the right to terminate the membership or program. Membership payments are due on the first of the month. The first month will be prorated according to join date. **A membership that is unpaid for two months will automatically be terminated and the two month balance will remain on the account until paid. A membership may not be reinstated until the remaining balance is paid in full.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Referred by Name:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_