



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PERSONAL PRICING PLAN

* COMPLETE THIS FORM AND RETURN TO YOUR YMCA BRANCH ALONG WITH REQUIRED DOCUMENTATION FROM BOX 4

1 BASIC INFORMATION

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Best Phone #: (____) _____

Email: _____

Date of Birth: _____

2 HOUSEHOLD INFORMATION

Number of adults living in household: _____

Number of dependent children in household: _____
(Dependent children age 23 or younger)

I can afford \$ _____ per month

Current Personal Pricing Status:

First time applying or not currently receiving assistance

Currently receiving assistance (Renewing)

3 I AM APPLYING FOR

Adult (30-64)

Young Adult (19-29)

Senior 65+

Youth (10-18)

Family

2 Person Family

Programming

4 THE FOLLOWING DOCUMENTS ARE REQUIRED WHEN REQUESTING A PERSONAL PRICING PLAN:

A WORKING CURRENTLY or SELF EMPLOYED

Most Recent Tax Return*

OR

30 Day Proof of Income For Entire Household

\$ _____

30 Day Gross Income

* Visit IRS.gov and search "Get Transcript"

B RECEIVING OTHER ASSISTANCE

If applicable, documentation of SSI, SSD, Food Stamps/Notice of Action, AFDC, unemployment, child support, etc.

Monthly SSI / SSD \$ _____

Monthly Unemployment \$ _____

Monthly Food Stamps \$ _____

Monthly Child Support \$ _____

Other Monthly Assistance \$ _____

Total Monthly Assistance \$ _____

5 THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS UNLESS OTHERWISE SPECIFIED

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income or assistance not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that assistance is based on need. In the event that I or my family must cancel our participation, I will contact the YMCA immediately. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Print Name Signature Date

Front Desk Staff: _____ Date Received: _____

PPP Reviewer: _____ Date Reviewed: _____

_____ Verification of Income (Initials)

PPP %: _____

Date to reapply: _____

Monthly Fees:

Bank/Card Draft: \$ _____

Joining Fee: \$ _____

Short-Term Fee: \$ _____

Kid Zone (1): \$ _____

Kid Zone (2+): \$ _____

Amenities:

Towels: \$ _____

Locker Rental: \$ _____

_____ : \$ _____

_____ : \$ _____

Member Notification:

In Person

E-Mail

Mail

Phone

Notified By (Initials):

Additional Notes:



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WELCOME TO ALL

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Treasure Valley Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access because of an inability to pay. Through our Personal Pricing Plan, the Y provides assistance to youth, adults, and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by all Y branches in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance. Y members can feel confident knowing they are a part of an organization that cares greatly for the well-being of all people. We're committed to youth development, healthy living, and social responsibility.

* Personal Pricing Plan reduces membership fees on a sliding scale; it does not eliminate them. All members pay something.

* Program fees are also reduced by a Personal Pricing Plan. Occasionally the program fee minimum exceeds the amount of the Personal Pricing Plan..

* Register for programs in person to receive a Personal Pricing Plan; online registration does not give Personal Pricing Plan discounts.

* Treasure Valley Family YMCA's require that individuals and families reapply every 12 months with updated documentation unless otherwise specified.

* If you do not reapply, your membership will increase by 10% of our regular fee. We send a courtesy letter as a reminder, but it is each participating member's responsibility to reapply.

TELL US MORE ABOUT YOUR STORY
AND HOW THE YMCA CAN HELP YOU
AND/OR YOUR FAMILY:

~MEMBERSHIP WILL REMAIN ACTIVE UNLESS WRITTEN CANCELLATION IS RECEIVED~

Caldwell YMCA
208.454.9622

Downtown Boise YMCA
208.344.5501

South Meridian YMCA
208.331.9622

West Boise YMCA
208.377.9622

ymcatvidaho.org