



**YMCA of the Greater Twin Cities  
Personal Pricing Plan Program Application**

Primary Applicants Customer # _____
Received At _____ Date: _____

**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Customer Service Center  
(P) 612 230 9622  
(F) 612 223 6322

Submit to: [http://ymcamn.org/contact\\_us](http://ymcamn.org/contact_us)  
Mail to: 651 Nicollet Mall, Ste. 500  
Minneapolis, MN 55402

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

**Income Verification Guidelines**

Each applicant will need to provide a copy of their previous year end **1040 federal tax returns**, and any additional documents showing the financial support they receive. Each working adult will need to provide a copy of their federal tax forms. If you are not required to file taxes, you will need to provide a minimum of (but not limited to) 2 documents showing your yearly projected income, financial support and proof of dependents *(please see page 4 for list of approved documentation)*

**Applicants who do not have copies of their federal tax return or are not required to file taxes may go to the [www.ssa.gov](http://www.ssa.gov) online resource to receive a free statement that verifies they have filed their return or are not required to, by law. Handwritten tax forms will not be accepted.**

Did you file taxes? Yes \_\_\_ No \_\_\_ [Note: This information will not be shared with anyone.]

**Household Total Yearly Income & Financial Support**

[Please indicate the type and amount of income for all adult members of the household and provide documentation]

Adult(s) 1 2	Amount(s) per Adult	Adult(s) 1 2	Amount(s) per Adult
<input type="radio"/> <input type="radio"/> Alimony	_____	<input type="radio"/> <input type="radio"/> Rental Income	_____
<input type="radio"/> <input type="radio"/> Child Support	_____	<input type="radio"/> <input type="radio"/> Retirement Income	_____
<input type="radio"/> <input type="radio"/> Dividend/Interest	_____	<input type="radio"/> <input type="radio"/> Social Security Income	_____
<input type="radio"/> <input type="radio"/> Family Support	_____	<input type="radio"/> <input type="radio"/> Supplemental Social Security	_____
<input type="radio"/> <input type="radio"/> Food Support	_____	<input type="radio"/> <input type="radio"/> Student Loans/Work Study	_____
<input type="radio"/> <input type="radio"/> Government Assistance	_____	<input type="radio"/> <input type="radio"/> Student Stipend	_____
<input type="radio"/> <input type="radio"/> Housing Assistance	_____	<input type="radio"/> <input type="radio"/> Tips, etc.	_____
<input type="radio"/> <input type="radio"/> MFIP Stipend	_____	<input type="radio"/> <input type="radio"/> Unemployment Compensation	_____
<input type="radio"/> <input type="radio"/> Military/Government [LES* required]	_____	<input type="radio"/> <input type="radio"/> Veterans Benefits	_____
<input type="radio"/> <input type="radio"/> Pension Income	_____	<input type="radio"/> <input type="radio"/> Wages	_____
<b>TOTAL</b>	_____	<b>TOTAL</b>	_____

**TOTAL YEARLY GROSS INCOME & FINANCIAL SUPPORT** \$ \_\_\_\_\_

\* Military and Government employees are required to submit their Leave and Earnings Statements

Does the above information accurately reflect your yearly Income? Yes \_\_\_ No \_\_\_

If not, please explain: \_\_\_\_\_

**What is the maximum family contribution you can make towards your child(ren)/family camp experience?**

\$ \_\_\_\_\_ *total*

**Applications that are incomplete will be returned without being processed**



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**Have you submitted a paper registration form or registered online for camp?**  Yes  No  
*If Yes, please indicate below.*

**Please Indicate What Camp You Would Like Personal Pricing For:**

**Overnight Camp**

Camp Icahowan  
 Camp Ihduhapi  
 Camp St. Croix  
 Camp Warren

**Wilderness Camp**

Camp Menogyn  
 Camp Widjiwagan

**Family Camp**

Camp duNord  
 Camp Northern Lights

**Would you like your child(ren)/family registered prior to your application being processed?**  Yes  No  
*If Yes: Please note you will be billed for the full camp fees.*  
*If No: Space may be limited for the selected camp.*

**Personal Information (please print)**

Name of Adult #1 Applicant Birthdate Gender

Name of Adult #2 Applicant Birthdate Gender

Street Address City State Zip

Adult #1 Home Phone Adult #1 Cell Phone Adult #1 Email Address

Adult #2 Home Phone Adult #2 Cell Phone Adult #2 Email Address

**Family Information (exclude all adults listed above. please print)**

Dependent #1 Name Birthdate Gender

Dependent #2 Name Birthdate Gender

Dependent #3 Name Birthdate Gender

Dependent #4 Name Birthdate Gender

Dependent #5 Name Birthdate Gender

Total Number of Adults in Household \_\_\_\_\_

Total Number of Dependents in Household \_\_\_\_\_



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### Are there special family circumstances we should be aware of? Y/N

*(If Yes, Please explain below)*

Please provide a narrative to explain why this experience of attending a YMCA camp would benefit your child(ren)/family

Are there any additional circumstances that we should be aware of and take into consideration?

Each year, the YMCA of the Greater Twin Cities raises funds through the Annual Community Support Campaign. Without the support of donors, the personal pricing scholarship program would not be possible. One of the most valuable ways we keep donors committed is to say "thank you!" Our donor have said time and time again that receiving a thank you note from a recipient of a personal pricing scholarship is the most meaningful form of thanks they can receive. We encourage you and your child(ren) to write a thank you note describing what the program experience has meant to your family.

### MAY WE SHARE YOUR STORY ON WHAT THE PROGRAM EXPERIENCE HAS MEANT TO YOUR CHILD AND YOUR FAMILY?

Yes, please contact me                       No, not at this time

Payments must be made on/or before the due date. By signing below, I affirm that the above provided information is accurate, truthful, and comprehensive.

Signature of Applicant #1: x \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Applicant #2: x \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FOR OFFICE USE ONLY		Exception: <input type="radio"/> Yes (attach doc) <input type="radio"/> No
Adjusted Gross Income: \$ _____	Approved %: ____ / ____ / ____	Expiration Date: _____
Family Size Total: _____	Approval Date: _____	Approved By: _____



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### **INCOME & FINANCIAL SUPPORT VERIFICATION DOCUMENTATION** [if income taxes were not filed]

For any sources of income not demonstrated on your federal 1040, or in the event you are not legally required to file taxes and have secured the appropriate proof of your status, please provide a minimum of 2 forms of income verification.

- 1 Social Security Income (SSI) or Social Security Disability Income (SSDI)
- 2 Government Assistance Statement (re: food stamps, grants, loans, cash allowances, rental assistance, childcare assistance)
- 3 Most recent Leave and Earnings Statement are required for all Military and Government employees
- 4 Unemployment Statement
- 5 Letter of Termination from employer
- 6 Pay Stubs for each working adult (covering 4 consecutive weeks)
- 7 Self Employed: 1040 Schedule C worksheet or quarterly income statement
- 8 MNCare or Medical Assistance (MA) letter stating who is eligible or covered (a copy of the card is not acceptable documentation)
- 9 Pensions or Retirement
- 10 Child Support Income & Alimony Payments
- 11 Bank Statements that show income (minimum of 3 consecutive months)
- 12 Letter of Financial Statement from an organization that has knowledge of the applicant's financial support status, household size, and situation. This must be on letterhead and cannot be a relative, friend, or a YMCA staff person. This is not required unless needed for a second verification)
- 13 Students: work study income, student loan living expense portion, loan disbursement letter

**PLEASE NOTE:** If there is no current income verification, zero income, negative income, or lack of approved documentation of income, a Personal Pricing award cannot be processed.

### **PROOF OF DEPENDENT(S)** [if not listed on your 1040 tax return]

Provide a minimum of 1 document of dependency verification if child is not included on the federal 1040 tax form

- 1 Free School Lunch Program Letter
- 2 Social Security Income (SSI) or Social Security Disability Income (SSDI): benefit will be addressed to parent, but child's name will be listed on the same doc
- 3 Professional Letter from Landlord
- 4 Government Assistance Documentation listing household size
- 5 MNCare or Medical Assistance documentation or letter stating who is eligible or insured with the same address listed as parent or guardians (a copy of the card is not acceptable documentation)
- 6 If Renting/Leasing children's name is listed on lease as living in the household
- 7 Child Support Statement showing how much they are paying out, receiving, or showing 50% custody - if the children are not claimed as dependents when fil taxes each year
- 8 Report Card from School with parent or guardian's name present
- 9 Transfer of Parental Rights notarized or legal documentation
- 10 Custody Agreement legal documentation or a signed document on letterhead from a mediator
- 11 Adopted or Foster Children documentation (foster child GA income should be included in total income)
- 12 Letter from a Guardian Ad Litem working with the family

### **DOCUMENTATION RESOURCES**

- 1 Social Security Office at (800) 722-1213 or TTY (800) 325-0778 or [www.ssa.gov](http://www.ssa.gov)
- 2 <http://unemploymentmn.com/> Member can log on and get most current documentation
- 3 [www.irs.gov](http://www.irs.gov) or (800) 829-1040 for PDF of official taxes. Handwritten taxes will not be accepted
- 4 <http://www.guardianadlitem.org/index1.asp> for custody information
- 5 <https://www.ebtedge.com/gov/portal/CardholderLogon.do> Showing food benefit authorization amount