The Kamloops YMCA-YWCA is a charity committed to building a community of healthy, confident and connected children, youth, adults and families. No one is denied access to any Kamloops Y Program or service based solely on the inability to pay the full fee, and Membership Assistance through the Y Opportunity Fund is available to those individuals and families that are unable, not unwilling, to pay the full fee. This fund is made possible through the generous support of our community, and our Y Family.

**Option 1: Am I eligible for the Opportunity Fund?**

Applicants for the Opportunity Fund can be approved with official verification of:
- Income Assistance
  - PWD: Person with Disability
  - PPMB: Person with Persistent Multiple Barriers
- EI: Employment Insurance

For more information about how you can start your Y Opportunity Fund Membership, bring in the correct documented proof of income to the Member Services desk.

**Option 2: If I do not qualify under OPTION 1 then how do I apply?**

Eligibility for the Opportunity Fund is determined by family income and size using the Government of Canada’s Low Income Cut-Off Chart (LICO) as a guideline.
- Come for a tour to learn about Y programs and services
- Complete the application attached to this form and gather the necessary documentation
- Bring your completed application form to the Member Services Desk

Please Note: Should you wish to discuss your rate, appointments are available. Please call Downtown Y, 250-372-7725, or John Tod Centre Y, 250-554-9622

**Frequently Asked Questions:**

1. **How does the Kamloops Community YMCA-YWCA determine assisted membership eligibility?**
   
   The Kamloops Community YMCA-YWCA uses the government’s Low Income Cut-Off Scale to determine eligibility.

2. **If I receive assistance from the Opportunity Fund, what is expected of me?**
   
   Please keep all information and fees discussed confidential.

3. **Can the Kamloops Community YMCA-YWCA deny my application for membership and/or program assistance?**
   
   Your request could be denied if your financial information does not identify an inability to pay the full fee.

4. **Is it possible to join the Kamloops Community YMCA-YWCA for free?**
   
   Everyone must pay some portion of the membership/program fee.

5. **What if my financial circumstances change during the year?**
   
   At any point during the year, you can have your rate reassessed should your circumstances change. If your circumstances do not change, your rate is reassessed on an annual basis.

6. **How do I renew my membership?**
   
   All memberships have an expiry date (up to one year). We do our best to remind you when your membership is going to expire, but it is your responsibility to contact member services regarding expiry dates.
Guidelines for Application

- You may apply for yourself, you and your partner, or you and your family*. Applications for roommates or non-immediate family members will not be accepted. Non-immediate family members, including adult children 19 years of age and over, are invited to apply for assistance separately.
- Applicants must submit a copy of Page 1 of their Notification of Assessment for each adult applicant. Applications received Jan 1—May 31 require Notification of Assessment(s) for the previous year. Applications received June 1—December 31 require Notification of Assessment(s) for the current year. Please make photocopies of your documents and retain a copy for your records.
- If you do not have a copy of your Notification of Assessment, please call 1-800-959-8281 and it will be mailed to you.
- Approved applicants will be asked to make a minimum financial contribution for their membership based on the information provided in the application form.
- If approved for financial assistance you may be eligible for assistance in other Y programs. Approval does not apply to childcare programming.

Guidelines for Calculating % of Fee (Effective July 01, 2013)

Low Income Cut-Offs (LICO) before taxes

Family Size | As defined by Statistics Canada an Economic family is: a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law or adoption. A couple may be of opposite or same sex. Foster children are included.

Refer to your Notification of Assessment to find basic net income before taxes.

Income levels on the scale below represent the highest income bracket using LICO that we can subsidize memberships under*

Eligibility for Assistance: In order to qualify for a subsidized membership rate, income levels should be lower than the income level shown in the text box below.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1 Person</th>
<th>2 People</th>
<th>3 People</th>
<th>4 People</th>
<th>5 People</th>
<th>6 People</th>
<th>7 People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income levels less than the following amount are eligible for subsidy</td>
<td>$28,000</td>
<td>$34,000</td>
<td>$42,800</td>
<td>$52,000</td>
<td>$59,000</td>
<td>$66,450</td>
<td>$73,990</td>
</tr>
</tbody>
</table>

* We understand that circumstances differ from person to person, if you require assistance but do not fall on to this scale please see a Membership Services Representative for more information.
APPLICATION IS CONFIDENTIAL. PLEASE PRINT.

Is this application new [N] or a renewal [R]? Date of application: __________ Date reviewed: __________

First Name: ___________________ Last name: ___________________ Birth date: M______/D______/Y_______

Address: ______________________ City: ___________________ Postal Code: ___________________

Phone: (H) ___________________ (C)___________________ E-mail: ____________________________

Emergency Contact: (name)___________________ Relationship: _________________ Phone: _______________________

I would also like to apply for a Membership /Camp/Swim Lessons/Y Courses for (please circle):
Additional Applicants (Living in same household)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Membership wanted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
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<tr>
<td>3.</td>
<td></td>
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<td></td>
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<tr>
<td>4.</td>
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</tr>
</tbody>
</table>

INCOME

(attach assessments)

Yearly Household Income $ _____________

Other Income $ _____________

(alimony, child tax credits, government benefits, etc.)

For office use only

Percentage of Fees to be paid by applicant:

____________________

Fees assessed yearly

Category: _______________

Full Fee: _______________

Assisted Fee _______________

● I agree to assume all risks involved in becoming a Y member or participating in Y programs. I agree to indemnify and save harmless the Kamloops Community YMCA-YWCA, its servants, and agents, relieving them of all ability for losses or damages of all and every description, I may suffer or be put to.

● I authorize the Kamloops Community YMCA-YWCA to use personal information on this form for YMCA-YWCA purposes only.

Signature Applicant or Guardian:  X ___________________________ Date: __________