



YMCA OF THE GREATER TWIN CITIES PERSONAL PRICING PLAN APPLICATION YOUTH IN GOVERNMENT

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PERSONAL PRICING PLAN REQUIREMENTS

1. The participant(s) listed below must be registered in a Youth in Government program.
2. This Application must be complete.
3. Income verification must be provided according to the directions in the application.
4. This Application must be turned in by the application deadline.

This application cannot be processed and will be returned if it is incomplete. It will be considered when it is returned and complete. Applications will be processed in the order they are received and, while we try to award all that qualify, funding is not guaranteed. Awards will be communicated from the State Office to the Delegation Director.

PARTICIPANT NAME(S): *Please also list below*

DELEGATION NAME: _____

PERSONAL PRICING PLAN APPLICATION DEADLINE

Model Assembly

November 15

Model United Nations

February 15

PERSONAL INFORMATION (Please Print Clearly)

Adult #1 First Name/Last Name		Adult #2 First Name/Last Name	
Street Address		City	State Zip
Adult #1 Preferred Phone		Adult #2 Preferred Phone	
Adult #1 Email Address		Adult #2 Email Address	
Dependent #1 First Name	Last Name	Dependent #2 First Name	Last Name
Dependent #3 First Name	Last Name	Dependent #4 First Name	Last Name
Dependent #5 First Name	Last Name	Dependent #6 First Name	Last Name

IMPORTANT: If there is no current income verification, zero income, negative income, or lack of approved documentation, this application cannot be processed and will be returned.
Applications that are received at the State Office after the Application deadline date will not be processed.

INCOME VERIFICATION GUIDELINES

Each Participant (Family) will need to provide verification of their household income.

Below are the following options: (CHOOSE ONE)

Option 1

Free/Reduced Lunch Letter

If the Free/Reduced Lunch Letter is submitted, this is enough information to complete the verification process. This could be the notification letter from or a signed letter on letterhead from the school.

Option 2

1040 Federal Tax Form (2 page form)

If this form is provided, a minimum of TWO forms of income from the Additional Forms of Verification List AND if child(ren) aren't listed on the 1040 form, please provide a minimum of one document of dependency verification

Option 3

Verification of Non-Filing form

If this form is provided, a minimum of TWO forms of income from the Additional Forms of Verification List AND if child(ren) aren't listed on the Verification of Non-Filing form, please provide a minimum of one document of dependency verification

ADDITIONAL FORMS OF VERIFICATION (Any two of the following must be included with Option 2 or 3)

<u>TYPE OF INCOME</u>	<u>AMT/MONTH</u>	<u>FORM OF DOCUMENTATION REQUIRED</u>
<input type="checkbox"/> Alimony	\$ _____	First, Last, and Pertinent Page detailing Alimony amount from Divorce Decree
<input type="checkbox"/> Child Support	\$ _____	First, Last, and Pertinent Page detailing Child Support amount from Divorce Decree
<input type="checkbox"/> Food Support	\$ _____	Documentation that shows Name of Recipient(s) and Income Amount
<input type="checkbox"/> Paystubs for Adult #1 & #2	\$ _____	Paystubs must cover most recent four consecutive weeks employed.
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____	Documentation that shows Name of Recipient(s) and Income Amount
<input type="checkbox"/> Social Security Income (SSI)	\$ _____	Documentation that shows Name of Recipient(s) and Income Amount
<input type="checkbox"/> Unemployment Statement	\$ _____	Documentation that shows Name of Recipient(s) and Income Amount

PROOF OF DEPENDENT(S) (One of the following must be included with Option 2 or 3 of proof needs to be provided)

This proof is necessary if one or more dependents isn't listed on your 1040 Federal Tax Return or if the Verification of Non-Filing is turned in.

- Social Security Income (SSI) or Social Security Disability Income (SSDI): Benefit will be addressed to the Parent, but child's name will be listed on the document.
- Government Assistance Documentation listing household size
- MNCare or Medical Assistance (MA) documentation or letter stating who is eligible or insured with the same address listed as parent or guardians.
- If Renting/Leasing, documentation showing child(ren) are living in the household
- Child Support Statement showing amount paying out, receiving, or documenting custody
- Report card from School with Parent/Guardian name present
- Adopted or Foster Child(ren) documentation (Foster Child GA Income should be included in total income)

If you would like to provide an additional narrative about your situation, please feel free to use the space below.

- When registering for the program, a deposit must accompany the registration materials.
- All registrations without payment will be returned to the delegation director.
- Payments must be made by the program deadline as detailed in the registration materials.
- If a payment plan needs to be setup – that must be completed before the deadline as well.

I affirm that the above provided information is accurate, truthful, and comprehensive.

Print Name: _____

Signature: _____

Date: ____/____/____

FOR OFFICE USE ONLY		
ADJUSTED GROSS INCOME: \$ _____	APPROVED %: _____	EXPIRATION DATE: _____
FAMILY SIZE TOTAL: _____	APPROVED DATE: _____	APPROVED BY: _____