



## SCOTT COUNTY FAMILY Y INCOME ATTESTMENT

PLEASE PRINT:

Billing Member's Name: \_\_\_\_\_

I, \_\_\_\_\_, affirm that my annual taxable **household** income for the last 12 months  
(member full name printed)

was \$ \_\_\_\_\_. (Household income is the income of all individuals living at the same address.)

There are \_\_\_\_\_ persons living in my household.

The following documentation must be attached to this form for each non-dependant adult in the household:

	File Taxes?		Tax Filers	Non-tax Filers (any one of the following)
	Yes	No		
Adult 1			1040 Federal Tax Form	Non-filing Letter
Adult 2				Unemployment Statement
Adult 3				Statement of Wages & Earnings (W2)
Adult 4				SNAP (food stamps) Benefit Card or Statement
				State Tax Form 1040
				Verification of Energy Assistance (LIHEAP)
				Medicaid Card or Statement
				Hawk-I Card or Statement
				Social Security Benefit Verification Letter or Annual Statement of Benefits from Social Security Administration
				Disability Benefits Verification Letter or Annual Statement of Benefits from Social Security Administration

By signing below, I attest that the information provided above is true and accurate. I understand that falsifying information in this statement may lead to the suspension of my membership, program, child care and camp privileges and may make me ineligible for income based pricing.

\_\_\_\_\_  
Billing Member Signature (Parent/Guardian if minor under 18)

(Note: Effective January 1, 2017, program income based pricing will be limited to 50% of program fee. Income based pricing is not available for all programs.)

For Staff Use:

Staff Name: \_\_\_\_\_ Br: \_\_\_\_\_

Member FTID# \_\_\_\_\_ Qualified Assistance %: \_\_\_\_\_

**New IBP:** Attach this form to membership application

**Renewal IBP:** Over >>>

Billing Member's Name: \_\_\_\_\_ ID# \_\_\_\_\_

### Scott County Family Y Authorization to EFT Monthly Membership Payments

- My next monthly draft will be \$ \_\_\_\_\_ on  10<sup>th</sup> or  25<sup>th</sup> of \_\_\_\_\_ from my  Checking or  Savings Account.
- Bank draft payment plan is a CONTINUOUS MEMBERSHIP, and it will continue unless the Scott County Family Y is **NOTIFIED IN WRITING 15 DAYS PRIOR TO NEXT DRAFT.**

Members Initials: \_\_\_\_\_

- Membership rates are subject to change; you will be notified in writing prior to any membership adjustments.
- I will notify the Scott County Family Y of change in my bank, account, phone number or home address.
- I understand that, should any bank draft not be honored by my bank for any reason, I am responsible for that payment, PLUS any service fee assessed by the Scott County Family Y. This is in addition to any service fees assessed by my bank. I also understand that I/my family will be denied access to the facility until the balance due is paid.

Account Holder's Signature: (Parent/Guardian if minor under 18)	Date:
---	-------

**ATTACH VOIDED CHECK HERE (NO DEPOSIT SLIPS)** if bank account has changed.