

YMCA of San Francisco  
Financial Assistance Award Levels



*We build strong kids, strong families,  
strong communities.*

**FOR INTERNAL USE ONLY**

**Award Amounts:**

In order to qualify for financial assistance the maximum annual household income must be at or below 60% of the unadjusted area median income (AMI) for HUD's metro fair market rent area that contains San Francisco.

- Financial assistance awards may be capped by a branch based on the amount of requests and what is amount is budgeted for assistance for memberships and department programs.
- Check with your Executive Director on branch caps.

Household Size	Maximum Annual Income To Qualify	Award Level
<b>1 Person</b>	Less then \$13,550	80%
1 Person	\$13,550	70%
1 Person	\$16,950	60%
1 Person	\$20,350	50%
1 Person	\$23,700	40%
1 Person	\$27,100	30%
1 Person	\$33,900	20%
1 Person	\$40,650	10%
<b>2 Person</b>	Less then \$15,550	80%
2 Person	\$15,550	70%
2 Person	\$19,350	60%
2 Person	\$23,250	50%
2 Person	\$27,100	40%
2 Person	\$31,000	30%
2 Person	\$38,750	20%
2 Person	\$46,450	10%
<b>3 Person</b>	Less then \$17,400	80%
3 Person	\$17,400	70%
3 Person	\$21,800	60%
3 Person	\$26,150	50%
3 Person	\$30,485	40%
3 Person	\$34,850	30%
3 Person	\$43,550	20%
3 Person	\$52,250	10%

} 40-45%  
→

*if max is over = 50% - 40% - 45%*

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Household Size	Maximum Annual Income To Qualify	Award Level
<b>4 Person</b>	Less than \$19,350	80%
4 Person	\$19,350	70%
4 Person	\$24,200	60%
4 Person	\$29,050	50%
4 Person	\$33,880	40%
4 Person	\$38,700	30%
4 Person	\$48,400	20%
4 Person	\$58,100	10%
<b>5 Person</b>	Less than \$20,900	80%
5 Person	\$20,900	70%
5 Person	\$26,150	60%
5 Person	\$31,350	50%
5 Person	\$36,600	40%
5 Person	\$41,800	30%
5 Person	\$52,300	20%
5 Person	\$62,750	10%
<b>6 Person</b>	Less than \$22,450	80%
6 Person	\$22,450	70%
6 Person	\$28,100	60%
6 Person	\$33,700	50%
6 Person	\$39,300	40%
6 Person	\$44,900	30%
6 Person	\$56,150	20%
6 Person	\$67,400	10%
<b>7 Person</b>	Less than \$24,000	80%
7 Person	\$24,000	70%
7 Person	\$30,000	60%
7 Person	\$36,000	50%
7 Person	\$42,000	40%
7 Person	\$48,000	30%
7 Person	\$60,050	20%
7 Person	\$72,050	10%
<b>8 Person</b>	Less than \$25,550	80%
8 Person	\$25,550	70%
8 Person	\$31,950	60%
8 Person	\$38,350	50%
8 Person	\$44,730	40%
8 Person	\$51,100	30%
8 Person	\$63,900	20%
8 Person	\$76,700	10%
<b>9 Person</b>	Less than \$26,350	80%
9 Person	\$26,350	70%
9 Person	\$32,900	60%
9 Person	\$39,500	50%
9 Person	\$46,100	40%
9 Person	\$52,650	30%
9 Person	\$65,850	20%
9 Person	\$79,000	10%

San Francisco County Family Fee Scale for all Agencies Participating in the Subsidy Pilot (SB 701) - Effective November 1, 2008.

State cutoff = 75% of SMI (Management Bulletin 08-17). Pilot Cutoff = 85% of 2008 SMI from US DHHS

Family Pays			Family Size and Income Level											
Hourly	Part-time Daily	Full-time Daily	1 or 2	3	4	5	6	7	8	9	10	11	12	
0.20	1.00	2.00	1.820	1.950	2.167	2.513	2.860	2.925	2.990	3.055	3.120	3.185	3.250	
0.25	1.25	2.50	1.893	2.028	2.253	2.614	2.974	3.042	3.109	3.177	3.245	3.312	3.380	
0.30	1.50	3.00	1.965	2.106	2.340	2.714	3.089	3.159	3.229	3.299	3.369	3.440	3.510	
0.35	1.75	3.50	2.038	2.184	2.426	2.815	3.203	3.276	3.349	3.421	3.494	3.567	3.640	
0.40	2.00	4.00	2.111	2.262	2.513	2.915	3.317	3.393	3.468	3.544	3.619	3.694	3.770	
0.45	2.25	4.50	2.184	2.340	2.600	3.016	3.432	3.510	3.588	3.666	3.744	3.822	3.900	
0.53	2.65	5.30	2.257	2.418	2.686	3.116	3.546	3.627	3.707	3.788	3.869	3.949	4.030	
0.61	3.05	6.10	2.329	2.496	2.773	3.217	3.661	3.744	3.827	3.910	3.993	4.076	4.160	
0.69	3.45	6.90	2.402	2.574	2.860	3.317	3.775	3.861	3.946	4.032	4.118	4.204	4.290	
0.77	3.85	7.70	2.475	2.652	2.946	3.418	3.889	3.978	4.066	4.154	4.243	4.331	4.420	
0.85	4.25	8.50	2.548	2.730	3.033	3.518	4.004	4.095	4.186	4.277	4.368	4.459	4.550	
0.93	4.65	9.30	2.621	2.808	3.120	3.619	4.118	4.212	4.305	4.399	4.492	4.586	4.680	
1.01	5.05	10.10	2.693	2.886	3.206	3.719	4.232	4.329	4.425	4.521	4.617	4.713	4.810	
1.09	5.45	10.90	2.766	2.964	3.293	3.820	4.347	4.446	4.544	4.643	4.742	4.841	4.940	
1.17	5.85	11.70	2.839	3.042	3.380	3.920	4.461	4.563	4.664	4.765	4.867	4.968	5.070	
1.25	6.25	12.50	2.912	3.120	3.466	4.021	4.576	4.680	4.784	4.888	4.992	5.096	5.200	
1.33	6.65	13.30	2.985	3.198	3.553	4.122	4.690	4.797	4.903	5.010	5.116	5.223	5.330	
1.41	7.05	14.10	3.057	3.276	3.640	4.222	4.804	4.914	5.023	5.132	5.241	5.350	5.460	
1.49	7.45	14.90	3.130	3.354	3.726	4.323	4.919	5.031	5.142	5.254	5.366	5.478	5.590	
1.52	7.60	15.20	3.203	3.374	3.749	4.348	4.948	5.061	5.173	5.286	5.398	5.510	5.623	
1.55	7.75	15.50	3.276	3.393	3.770	4.373	4.976	5.089	5.202	5.315	5.428	5.541	5.655	
1.58	7.90	15.80	3.349	3.413	3.792	4.399	5.006	5.120	5.233	5.347	5.461	5.575	5.688	
1.61	8.05	16.10	3.386	3.432	3.813	4.423	5.033	5.148	5.262	5.376	5.491	5.605	5.720	
1.65	8.23	16.45	3.474	3.510	3.835	4.448	5.062	5.177	5.292	5.407	5.522	5.637	5.752	
1.69	8.43	16.85	3.550	3.588	3.856	4.473	5.090	5.206	5.322	5.437	5.553	5.669	5.785	
1.73	8.63	17.25	3.626	3.722	3.880	4.500	5.121	5.237	5.354	5.470	5.586	5.703	5.819	
1.78	8.88	17.75	3.775	3.861	3.900	4.524	5.148	5.265	5.382	5.499	5.616	5.733	5.850	
1.84	9.20	18.40	3.862	3.954	3.986	4.624	5.262	5.382	5.501	5.621	5.740	5.860	5.980	
1.92	9.60	19.20	3.949	4.046	4.135	4.797	5.459	5.583	5.707	5.831	5.955	6.079	6.203	
2.00	10.00	20.00	4.035	4.138	4.230	4.963	5.636	5.754	5.873	5.993	6.114	6.236	6.359	
2.08	10.40	20.80	4.121	4.231	4.323	4.993	5.669	5.744	5.868	5.988	6.109	6.231	6.355	
2.14	10.70	21.40	4.207	4.323	4.415	5.175	5.853	5.956	6.062	6.172	6.283	6.397	6.512	
2.19	10.95	21.90	4.415	4.598	4.781	5.281	5.961	6.066	6.157	6.261	6.368	6.478	6.589	
2.27	11.35	22.70	4.508	4.701	4.898	5.387	6.070	6.157	6.251	6.350	6.452	6.558	6.666	
2.35	11.75	23.50	4.603	4.803	4.998	5.493	6.178	6.258	6.345	6.439	6.537	6.639	6.743	
2.43	12.15	24.30	4.706	4.906	5.099	5.598	6.286	6.359	6.440	6.528	6.621	6.719	6.820	
2.53	12.65	25.30	5.009	5.209	5.404	5.704	6.395	6.459	6.534	6.617	6.706	6.799	6.897	
2.63	13.15	26.30	5.310	5.510	5.704	6.004	6.503	6.560	6.629	6.706	6.790	6.880	6.974	
2.73	13.65	27.30	5.612	5.812	6.004	6.304	6.612	6.661	6.723	6.795	6.875	6.960	7.051	
2.83	14.15	28.30	5.914	6.114	6.304	6.604	6.912	6.961	7.023	7.095	7.175	7.260	7.351	
2.93	14.65	29.30	6.216	6.416	6.604	6.904	7.210	7.259	7.321	7.393	7.473	7.558	7.649	
3.03	15.15	30.30	6.518	6.718	6.904	7.204	7.510	7.559	7.621	7.693	7.773	7.858	7.949	
3.13	15.65	31.30	6.820	7.020	7.204	7.504	7.810	7.859	7.921	7.993	8.073	8.158	8.249	
3.23	16.15	32.30	7.122	7.322	7.504	7.804	8.110	8.159	8.221	8.293	8.373	8.458	8.549	

75% State Monthly Income Ceilings 3,474 3,722 4,135 4,797 5,459 5,583 5,707 5,831 5,955 6,079 6,203

**Technical Assistance Sheet for the Use of  
The Family Fee Schedule: MB 06-19 & Income Ceilings: MB 08-17**

Family Pays			Family Size and Income Level		
Hourly	Part-time Daily	Full-time Daily	1 or 2	3	4
0.20	1.00	2.00	\$1,820 - 1,892 <sup>a</sup>	\$1,950 - 2,027	\$2,167 - 2,252
0.25	1.25	2.50	1,893 - 1,964	2,028 - 2,105	2,253 - 2,339
0.30	1.50	3.00	1,965 - 2,037	2,106 - 2,183	2,340 - 2,425
0.35	1.75	3.50	2,038 - 2,110	2,184 - 2,261	2,426 - 2,512
0.40	2.00	4.00	2,111 - 2,183	2,262 - 2,339	2,513 - 2,599
0.45	2.25	4.50	2,184 - 2,256	2,340 - 2,417	2,600 - 2,685
0.53	2.65	5.30	2,257 - 2,328	2,418 - 2,495	2,686 - 2,772
0.61	3.05	6.10	2,329 - 2,401	2,496 - 2,573	2,773 - 2,959
0.69	3.45	6.90	2,402 - 2,474	2,574 - 2,651	2,860 - 2,945
0.77	3.85	7.70	2,475 - 2,547	2,652 - 2,729	2,946 - 3,032
0.85	4.25	8.50	2,548 - 2,620	2,730 - 2,807	3,033 - 3,119
0.93	4.65	9.30	2,621 - 2,682	2,808 - 2,885	3,120 - 3,205
1.01	5.05	10.10	2,693 - 2,765	2,886 - 2,963	3,206 - 3,292
1.09	5.45	10.90	2,766 - 2,838	2,964 - 3,041	3,293 - 3,379
1.17	5.85	11.70	2,839 - 2,911	3,042 - 3,119	3,380 - 3,465
1.25	6.25	12.50	2,912 - 2,984	3,120 - 3,197	3,466 - 3,552
1.33	6.65	13.30	2,985 - 3,056	3,198 - 3,275	3,553 - 3,639
1.41	7.05	14.10	3,057 - 3,129	3,276 - 3,353	3,640 - 3,725
1.49	7.45	14.90	3,130 - 3,202	3,354 - 3,373	3,726 - 3,748
1.52	7.60	15.20	3,203 - 3,275	3,374 - 3,392	3,749 - 3,769
1.55	7.75	15.50	3,276 - 3,348	3,393 - 3,412	3,770 - 3,791
1.58	7.90	15.80	3,349 - 3,385	3,413 - 3,431	3,792 - 3,812
1.61	8.05	16.10	≥ 3,386 ①	3,432 - 3,509	3,813 - 3,834
1.65	8.23	16.45		3,510 - 3,587	3,835 - 3,855
1.69	8.43	16.85		3,588 - 3,627	3,856 - 3,879
1.73	8.63	17.25		≥ 3,628②	3,880 - 3,899
1.78	8.88	17.75			3,900 - 3,985
1.84	9.20	18.40			3,986 - 4,030
1.92	9.60	19.20			≥ 4,031③
<b>④ Monthly Income Ceilings: MB 08-17</b>			<b>3,474</b>	<b>3,722</b>	<b>4,135</b>

a. For a family size of 2 whose adjusted gross monthly income is from \$1,820 to \$1,892, the full time daily fee applied is \$2.00. For a family size of 2 whose adjusted gross monthly income is from \$1,893 to \$1,964, the full time daily fee applied is \$2.50.

When indicated by contract type or when indicated for CPS/At-risk: for an eligible family whose income is **equal to or greater than (≥)** the amount in the highest income cell for the family's size, use the family fee for that highest income cell. Example: ① for a family size of 2 whose adjusted gross monthly income is ≥ \$3,386, the full time daily fee applied is \$16.10. ② For a family size of 3 whose adjusted gross monthly income is ≥ \$3,628, the full time daily fee applied is \$17.25. ③ For a family size of 4 whose adjusted gross monthly income is ≥ \$4,031, the full time daily fee applied is \$19.20.

④ The new income ceilings are applied to any recertification, reported changes in income or as soon as the agency becomes aware that income has changed at the time the activity occurs, but no later than December 31, 2009.

# Income Verification Sheet

To Calculate Income:

Weekly:

Take average of checks,  
Time 52, divide by 12

Bi-weekly:

Take average of checks,  
Times 26, divide by 12

2x per month:

Add 2 checks

Monthly:

Take monthly gross  
amount

Use gross amount  
of checks

Show calculations  
in boxes.

## Mother's Income

<input type="checkbox"/> Weekly
<input type="checkbox"/> Bi-weekly
<input type="checkbox"/> 2x per month
<input type="checkbox"/> Monthly
_____
Total:

## Father's Income

<input type="checkbox"/> Weekly
<input type="checkbox"/> Bi-weekly
<input type="checkbox"/> 2x per month
<input type="checkbox"/> Monthly
_____
Total:

## Other Income

<input type="checkbox"/> AFDC / TANF
<input type="checkbox"/> Self-Employed

Total = \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_