



OPEN DOORS

Income-Based Application

Thank you for your interest in the Hoerner YMCA. We offer financial assistance to individuals and families who are not able to pay full fees for Y memberships and/or programs. Our mission is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

To apply for financial assistance, please bring all the following information to the Hoerner YMCA Front Desk.

1. Completed Open Doors Income-Based Application. Please indicate at the top of the application in space allotted for membership type or program participation you desire.

AND

2. A copy of last year's Federal Income Tax Return. If you do not file for Federal income taxes, please call (800) 829-3676 for a verification letter.

OR

3. Two of your most recent paycheck stubs or letter from you employer verifying your employment and stating your annual salary. If you are unemployed, draw Social Security, or are a full-time student, please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.

Your application can not be accepted until all required documentation is provided.

Please mark out all social security numbers, tax ID numbers and/or credit card or account numbers before submitting any paperwork. Bring all completed forms and necessary paperwork to the Hoerner YMCA Front Desk. Again, your application will not be reviewed until all required documentation has been provided. You will receive an email within two weeks regarding your qualifications and next steps.

We look forward to serving you!

OPEN DOORS MEMBERSHIPS ARE NOT ELIGIBLE FOR 24/7 ACCESS CARDS

**OPEN DOORS
Income-Based Application**

The Hoerner YMCA strives to make our programs and memberships available to all who will benefit from them, regardless of their ability to pay. All financial assistance is granted on a sliding scale based upon income and need. **All information is kept confidential.**

Name: _____

Address: _____

Date of Birth: _____ Gender: M F

Phone Number: _____

Employer: _____ Length of Employment: _____

Employer Phone Number: _____ Occupation: _____

Email Address (**Required**): _____

Spouse and Dependents* living in the household. Tax forms must reflect those listed below.

Name	Date of birth	Gender	Grade/Employer	Relationship

Is yours a one-adult household? Y N

Please share why you are applying for financial assistance:

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Type of membership desired: _____

AND/OR

Name of program/event: _____

_____ Number of Dependents* in Household (<19)

_____ Number of Adults in Household (19-62)

_____ Number of Seniors in Household (63+)

***Dependents (under age 19) may include children, foster children, grandchildren and other children for whom the adult(s) is guardian of and are tax dependent.**

Please itemize your gross annual household income. **Documentation is required.**

TYPE	YOUR INCOME	SPOUSE INCOME	OTHER INCOME
Salary, Wages, Tips			
Unemployment			
Social Security			
Child Support			
Aid for dependent children			
Food Stamps			
Housing Allowance			

Please list any other additional income:

_____ I do not file a Federal Tax Return

Total Annual Income: _____

Please do not forget to attach your required forms to this application. Applications received without the required documentation (please see first page) will be returned unprocessed.

I certify that this information is true and complete to the best of my knowledge. I grant permission to the Hoerner YMCA to verify this information. I agree to notify the YMCA if my financial status should change. I acknowledge that pricing is only guaranteed for one year after

the first payment has been made and that I must reapply every year to receive financial assistance.

Signature

Date

I hereby, for myself, my household, my family, heirs, executors, and administrators, waive and release all claims and damages I may have against the Hoerner YMCA and their respective agents, representatives, successors, and assigns, for all injuries which may be suffered by me, my household, or my family in connection with participation in Hoerner YMCA activities and programs.

I understand that the YMCA assumes no responsibility for injuries or illnesses which I, my household or family may sustain because of our physical condition or resulting from our observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for all injuries and illnesses for myself, household, or family, which may result from participation in these activities.

I also grant full permission to the YMCA to use any photographs, tape, or video recordings taken of my, my household, or my family.

I agree on behalf of myself, my household, and my family with the YMCA policies and procedures, and understand that my/our membership can be revoked without refund for exhibiting inappropriate behavior or abuse toward the YMCA staff and/or facilities.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, fully of the law.

NOTICE TO CUSTOMER: I have read this waiver, the Membership Packet, including the Youth Conduct Policy, I understand them, and I agree to them voluntarily. I will comply with the rules and regulations of the Hoerner YMCA. You are entitled to a copy of this agreement at the time you sign it.

MEMBERSHIP FEES ARE NON-REFUNDABLE

Signature

Date

