



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

With support from generous donors, financial assistance is available for a variety of programs and membership at the YMCA of Harrison County. It is our pledge, within the available resources of the Y, to provide services to individuals regardless of ability to pay. Those unable to pay the full fees may apply to receive sliding-scale assistance through our Open Doors Financial Assistance program. Assistance is granted based on personal need, enrollment limitation and our Y's financial resources. The Y maintains confidentiality of all financial information received in the application process.

- Financial assistance reduces fees, it does not eliminate them.
- Financial assistance does NOT apply to Plus One membership fee, Personal Training, Birthday Parties, Private/Semi-Private Swim Lessons, Locker Rentals, the sale of merchandise, Lazy Bones Triathlon/Tri at the Y, Tai Chi, Fundraising/Special Events, and additional programs at the YMCA's discretion.
- All assistance will be granted for 12 months.
- The Y requests that individuals and households reapply annually with updated information.
- Fees are subject to change when you reapply.
- If you do not reapply at the time request, your membership/assistance will expire.
- Please contact us if you have any questions.

NOTIFICATION OF APPROVAL

Thank you for completing and submitting your Open Doors Financial Assistance application and information. Your application is important to us and we will process it within 48 hours. Please contact the Y at 812.734.0770 to check on the status of your application and the outcome. We look forward to helping you utilize the Y for your wellness journey.

Financial Assistance Application

1. APPLICANT INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

If applicant is under 18: Parent/legal guardian name:

2. LIST ALL PERSONS APPLYING FOR MEMBERSHIP

Place a √ for each person applying for assistance

DOB

Parent/Adult

Parent Adult

Child

Child

Child

Child

Other

3. I AM APPLYING FOR

✓ Check type of membership for which you are applying

*Household Two adults plus all IRS claimed dependents
One Adult Plus One adult plus all IRS claimed dependents
*Two Adults Two adults only, address verification required
Adult One adult 23 or older
Senior 62 or Older
Youth Ages 12 - 22 (Under 12 must have a Household or One Adult Plus membership)
*Plus One One additional adult or youth may be added to a Household membership or a Two Adults membership, address verification required
PROGRAM ONLY If not wanting to utilize the membership benefits, but only programs.

4. TO QUALIFY FOR ASSISTANCE, PROVIDE ALL SOURCES OF HOUSEHOLD INCOME

For your application to be processed, you must provide the following documents:

- Most recent federal income tax return
- Court order verifying child support
- Verification of any government assistance
- Most recent month's pay stubs for all wage earners
- Current Social Security Income documentation
- Proof of any other source of income
- Address verification for all on membership
- Proof of unemployment/verification not employed.

Please complete a release form for us to verify your unemployment.

	Adult 1	Adult 2
Most Recent Month of Pay Stubs		
Child Support		
Social Security Benefits		
Unemployment		
Government Assistance		
Any Other Income		
Total Monthly Income: \$ _____		

5. THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form: _____ Date: _____

Attach all applicable financial documents and turn in to the Y's Service Desk.

6. TELL US MORE

A. How has/how will you or your household benefit from a membership with the Y?

B. How has/how will this assistance help you or your family?

C. Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, please attach an additional piece of paper.

FOR OFFICE USE

Member ID: _____ Membership % _____ Program % _____ Mem. Type: _____
 Date: _____ Approval is good for 1 year from date listed.
 Internal Notes: