



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 is based on **total gross income** and reduces fees, it does not eliminate them.
- Financial assistance does NOT apply to 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, Facility Rentals, and additional programs at the Y'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 7-10 business days. 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

|   |
|---|
| <b>*Family</b><br>Up to two adults plus all IRS claimed dependents  |
| <b>*Family of Two</b><br>Two adults, or one adult and one child only, address verification required               |
| <b>Single Adult</b><br>One adult 26 or older  |
| <b>Two Seniors</b><br>65 or Older   |
| <b>Single Senior</b><br>65 or Older   |
| <b>Single Young Adult</b><br>Ages 14 - 25 (Under 14 must be on a Family membership or Junior membership if 10-13) |
| <b>Junior</b><br>Ages 10-13   |
| <b>PROGRAM ONLY</b><br>If not wanting to utilize the membership benefits, but only programs.                      |

### 4. TO QUALIFY FOR ASSISTANCE, PROVIDE ALL SOURCES OF HOUSEHOLD GROSS 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 adults listed on application
  - 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 GROSS 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: \_\_\_\_\_ % \_\_\_\_\_ Mem. Type: \_\_\_\_\_ Date: \_\_\_\_\_

Internal Notes: