



# WELCOME TO THE Y!

## OPEN DOORS

### Financial Assistance Application

#### The Essence of the Y

With a commitment to youth development, healthy living, and social responsibility, the Hoerner YMCA ensures that every individual has access to the essentials needed to learn, grow, and thrive. Through our financial assistance program, we welcome all who wish to participate. We believe that no one should be turned away due to an inability to pay.

#### Committed to Our Community

Determining assistance amounts is a fair and consistent process. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance. Y members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people.

#### Applying for Assistance

**Our Y Open Doors program reduces membership and program fees on a sliding scale; it does not eliminate them. All members and participants pay something. You will need to reapply once a year as assistance is good for 12 months. It is each member or participant's responsibility to reapply.**

**If you do not reapply, membership rates and program fees will revert to regular pricing. Fees are nonrefundable.**

Get started today! Contact the front desk at (319)524-6724. All account correspondence and billing information will be sent through email. **An email address is required for Y membership.**

**Membership will remain active unless written cancellation is received 30 days before next payment due date.**

## OPEN DOORS

### Income-Based Application

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!

This program is partly sponsored by:



# 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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# OPEN DOORS

## Income-Based Application

Type of membership desired: \_\_\_\_\_  
(Family, 1 parent family, Couple, Sr Citizen, Youth)

\_\_\_\_\_ Number of Dependents\* in Household (<19)

\_\_\_\_\_ Number of Adults in Household (19-62)

\_\_\_\_\_ Number of Seniors in Household (63+)

\*Dependents (under age 26) may include children, foster children, grandchildren, and other children for whom the adult(s) is guardian of and are tax dependent, \*\*Proof will be required they are claimed on taxes. Mixed households will need to apply separately. (ie: Adult children living with parents, grandparents etc.)

### Race -- please circle all that apply.

American Indian/Alaska Native

Asian

Black/African American

White/Caucasian

Native Hawaiian/Other Pacific Islander

Hispanic/Mexican

Other: \_\_\_\_\_

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 changes. 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 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