




Dear Applicant,

Thank you for considering membership with the Hatboro Area YMCA. All financial assistance applications and required paperwork must be complete in order to be reviewed. Please print legibly.

How to apply for Financial Assistance (Checklist)

Each box must be completed or paperwork cannot be accepted.

Completed (and signed) Financial Assistance Application form (FRONT & BACK).

A copy of the MOST RECENT Federal Income Tax Return (1040) for EACH ADULT living in the home, listing DEPENDENT CHILDREN living in the home. See Example 

Completed (and signed) YMCA Enrollment Form (front & back).
*Only those names listed on your 1040.

A copy of:
a. The two (2) most recent pay stubs for each adult living in the home.
OR
b. Unemployment award letter.
OR
c. Copies of award letters for Supplemental Security Income (SSI), county assistance, foundations, government aid or any other third-party support if applicable.

A letter detailing the current financial situation and any extenuating circumstances of which we should be made aware; including but not limited to: how your family will benefit from financial assistance, your federal income tax return (1040) is from a previous year, your employment situation has changed, you cannot provide a federal income tax return (1040), etc.

*If you cannot provide a recent income tax return (1040) then attach All W-2's, for each adult living in the home, to your written explanation.

Summer Day Camp:

a. I am NOT applying for summer day camp.

b. I am applying for summer camp. I completed a Camper Registration Form for each child. (Place a check in the box indicating which camp & camp weeks I am requesting.)

Submit above applicable paperwork and all supporting documentation to the Welcome Center.

Notes:

- * FA recipients may sign up each child for one land and one aquatic program per session at the Hatboro Y only.
- * The YMCA cannot make copies of your personal documents so please be sure that your paperwork is complete.
- * Be sure to ask for your receipt of delivery.

Financial Assistance (FA) Information

- * FA is granted on the basis of financial need (Federal Tax Form 1040)
- * Individuals are expected to pay their portion to the YMCA through monthly bank or credit card draft.
- * The YMCA reserves the right to suspend all services for lack of payment or for falsification of information.
- * The YMCA reserves the right to terminate or to refuse assistance to applicants.
- * FA for programs may be limited by program, duration or percent depending on available resources within various branches.
- * Some YMCA activities are not covered under FA. (Some examples include: birthday parties, special events, One-on-one services like Personal Training, Private Lessons, etc.)
- * When 3rd party assistance is already received, this will be considered when awarding additional FA. Hatboro Area YMCA does not accept Child Care Information Services (CCIS).
- * Once FA is awarded, applicant must enroll within two weeks of the award date. (For camp, a deposit for each week of camp is required.)
- * FA requires verification of income every two years.
- * A reminder letter will be sent 60 days prior to your anniversary date. To avoid termination, new FA paperwork must be submitted 30 days prior to your anniversary date.
***Note:** Camp must be approved every year.



Application for Open Doors – 25% Discount Financial Assistance – Greater than 25%

Applicant Information

Name _____
 Address _____
 City, State, Zip _____
 Home Phone _____
 Birth Date _____
 Email _____
 Employer/Work Phone _____
 Medicaid Insurance Plan _____

Type of Assistance Applying for:
 Open Doors (complete this side only)
 For adults earning <\$40,000
 For families earning <\$80,000
 Financial Assistance (complete BOTH sides)
Assistance requested for:
 Membership Childcare/day camp
 Instructional program Other _____
 (Keystone First or Health Partners)

Co-Applicant Information

Co-Applicant Name _____
 Employer _____
 Work Phone _____
 Birth Date _____

Not applicable, no other adult
resides in this household

Family Information

Dependent's Name	Age	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Important Other Information (Please Attach)

How will participation benefit the individual(s), you or your family? _____

Would you be willing to volunteer? ___ Yes ___ No

Signatures

I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand that I may lose all YMCA privileges for lack of payment or falsifying information in connection with this application. I understand that I must bring documentation every two years to qualify for the Financial/Assistance Rate.

Applicant Signature _____ Date _____
 Co-Applicant Signature _____

Office Use Only: Date Received _____ Verify 1040 _____ Total AGI \$ _____

Staff signature _____ Supervisor Signature _____



Financial Assistance Application

Financial Information

Please check the box or boxes that represent the type of monthly income you receive. The following documentation is required: A copy of your Federal Tax Form (1040), W-2's if the tax form is not available and two recent paychecks for each applicant.

Income (check those that apply)	Monthly Amount (to be filled in by YMCA staff)
<input type="checkbox"/> Wages/Salaries/Tips	\$ _____
<input type="checkbox"/> Unemployment Comp	\$ _____
<input type="checkbox"/> Social Security Income	\$ _____
<input type="checkbox"/> Child Support/Alimony Received	\$ _____
<input type="checkbox"/> Aid to Dependent Children	\$ _____
<input type="checkbox"/> Pension	\$ _____
<input type="checkbox"/> Other: _____	\$ _____
Total Income	\$ _____

*Licensed Programs may require CCIS application: Child Care, Day Camp, and Nursery School.

Signatures

I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand that I may lose all YMCA privileges for lack of payment or falsifying information in connection with this application.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Office Use Only:

Date Received _____ % Awarded _____ % Due _____ Expires _____

Included Activities _____



APPLICATION FOR MEMBERSHIP

Date _____

Staff Initial _____

The YMCA is a membership organization open to all. Everyone is welcome to apply regardless of race, religion, age, gender, sexual orientation, national origin, economic level or disability. If you can't afford the full cost of membership, Financial Assistance is available to the extent possible. Please ask for a confidential Financial Assistance application. Participants needing other accommodations should contact their local YMCA.

MEMBERSHIP TYPE										
Choose Membership Type: <input type="checkbox"/> Full Member <input type="checkbox"/> Youth Program Member <input type="checkbox"/> Insurance Member Choose Membership Category: <input type="checkbox"/> Youth <input type="checkbox"/> Teen <input type="checkbox"/> Adult <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Family <input type="checkbox"/> Family +1 <input type="checkbox"/> Senior										
PRIMARY MEMBER (Parent or guardian for applicants under 18 years of age)									Check ID <input type="checkbox"/> <small>Staff Only</small>	
First Name <small><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Other</small>			MI	Last Name			Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Home Address				Apt	City			State	Zip Code	
Phone				Email						
Insurance Carrier					Policy #					
Employer Name			Business Address				Business Phone			
Ethnicity <input type="checkbox"/> Caucasian / White <input type="checkbox"/> African American / Black <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Asian American <input type="checkbox"/> Native American / Pacific Islander <input type="checkbox"/> Other										
Have you been a YMCA Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you interested in Volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Emergency Contact First Name		Last Name			Phone Number			Relation to Emergency Contact		
SECONDARY ADULT									Check ID <input type="checkbox"/> <small>Staff Only</small>	
First Name			MI	Last Name			Relationship to Primary Member			
Phone			Email			Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F		
Employer Name			Business Address				Business Phone			
THIRD ADULT (Family +1)										
First Name			MI	Last Name			Relationship to Primary Member			
Phone			Email			Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F		
DEPENDENTS & APPLICANTS (18 YEARS OF AGE AND UNDER AS WELL AS COLLEGE STUDENTS 25 YEARS AND UNDER WITH 12 CREDITS)										
First Name			MI	Last Name			Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
									<input type="checkbox"/> M <input type="checkbox"/> F	
									<input type="checkbox"/> M <input type="checkbox"/> F	
									<input type="checkbox"/> M <input type="checkbox"/> F	
									<input type="checkbox"/> M <input type="checkbox"/> F	

Please check the box that represents your approximate annual household income:

- Below \$20,999
- \$21,000-\$40,999
- \$41,000-\$70,999
- \$71,000-\$125,999
- \$126,000-\$150,999
- \$151,000+

I want to help underprivileged youth and families in my community participate in Y programs. I authorize the Y to add the following amount to my monthly bank draft to support the YMCA Annual Campaign:

- \$5/month
- \$15/month
- \$10/month
- Other: _____

Authorized Signature:

TERMS AND CONDITIONS

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.

I agree to abide by the rules and regulations of the YMCA, which are designed for the enjoyment of all its members. The protection of members and guests who are utilizing the YMCA is of paramount concern to the YMCA. We reserve the right to deny access of membership to any person whose behavior is determined to be in conflict with the welfare and safety of other members and/or staff. This includes a person who is a registered sexual offender; has plead guilty to or been convicted of any crime involving sexual abuse; or a crime against persons such as a child, spousal or parental abuse. It will also include any offense related to the sale or transportation of illegal, habit forming or dangerous drugs; is presently clearly under the influence of intoxicating beverages or behavior modifying drugs. This code of conduct does not permit language or any action that can hurt or frighten another person or that falls below a generally accepted standard of conduct. This includes inappropriate attire, angry or vulgar language, physical contact with another person in an angry or threatening way, any demonstration of sexual contact or activity, harassment or intimidation by words, gestures, body language or any other menacing behavior, theft or behavior resulting in destruction of property. Parents are held responsible for the behavior of their children.

INFORMED CONSENT/LIABILITY WAIVER AGREEMENT

I/We, the undersigned, realize that there may be medical risks associated with physical exercise, the use of this facility, or use of equipment within the facility. I/We also recognize that the YMCA cannot evaluate my/our physical abilities and medical limitations as they pertain to participation in programs, to use the facilities, or use of equipment within the facility. I/WE THEREFORE ASSUME ALL RESPONSIBILITY FOR HAVING A THOROUGH MEDICAL EXAMINATION PERFORMED, BY A MEDICAL PRACTITIONER OF MY/OUR CHOICE, BEFORE PARTICIPATING IN ANY PROGRAMS AND PRIOR TO USING THE FACILITIES OR EQUIPMENT WITHIN YMCA FACILITIES.

Furthermore, in consideration of my/our participation in the activities of the YMCA and its respective officers, employees and members, including but not limited to its or their own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/We may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the YMCA, use of its facilities, or use of equipment within its facilities; provided, however, that the hold harmless agreement, and waiver, release and discharge contained in this paragraph shall not apply to my/our participation in any of YMCA’s childcare services.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of YMCAs 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, to the fullest extent of the law.

I, the undersigned, have read, understand and agree to the above.

Signature of applicant

Date

PHOTO RELEASE:

I consent to the taking and use of still photography and/or motion pictures of me or my family for use of magazines, television, newspapers, etc. and to the non-commercial use of such photographs or motion pictures. I understand that the YMCA has no control over and is not responsible for the content in such publications and broadcasts.

I hereby waive payment or royalties for the exhibition or showing of photographs or motion pictures and/or the use of information provided by me. The YMCA will post signs when professional photographers or TV crews are on site so members have the option to avoid their images being utilized.

Initial

Date

Notes

