

LOCK HAVEN AREA YMCA

Financial Assistance Policy / Application



The Lock Haven Area YMCA Financial Assistance Program is designed as a "Helping Hand" for those in financial need. The YMCA believes that a strong sense of ownership and pride is developed if the recipient contributes to the cost of their YMCA involvement; therefore, applicants will be asked to pay an affordable portion of the membership or program fees. All application records are kept strictly confidential. Financial assistance may be extended to individuals or families experiencing extreme temporary or long-term financial hardship based on income and family size. Incomplete applications will not be reviewed; it is the responsibility of the applicant to make sure the application is complete.

Application Process/Guidelines

Financial Assistance is awarded for only six (6) months at a time for Lock Haven Area YMCA Membership.

- Submit the application to the Lock Haven Area YMCA front desk, fax it to 570-748-6291, or mail it to the Lock Haven Area YMCA, ATTN: Membership Financial Assistance, 145 East Water Street, Lock Haven, PA 17745.
- Normal membership financial assistance processing time is within 7 business days; depending upon completeness of membership application documentation at time of receipt; you will receive a phone call from the membership coordinator upon her receipt and review of your financial assistance membership application to confirm completeness and status.
- Any questions, please contact Emily Hill, Membership Coordinator, 570-748-6727 or EmilyH@lockhavenymca.org.

Please attach copies of the following items as proof of income:

- Federal Income Tax Return (Form 1040, 1040a, 1040ez). Each applicant will need to bring a tax return showing the total household income. Income needs to be for all adults in the household, regardless of relationships or varying interest in joining the YMCA.
- Pay Stubs (current month's [4 weeks] documentation).

If a Federal Tax Return is not available, the applicant needs to provide the following relevant documentation:

- Social Security Benefit Statement
- Earned Income Statement from Social Security
- Disability or Pension Benefit Documentation (1099-R)
- 401(k) or 403(b) Retirement Distribution Statement (1099-R)
- Unemployment Check Stubs (current month's [4 weeks] documentation).
- Child Support or Alimony (Court Order or Payment Receipts)
- Public Assistance Benefit Statement
- Section 8 Housing Statement / Housing Assistance

If the above-mentioned documentation is not provided, financial assistance will be delayed until proper documentation is provided.

LOCK HAVEN AREA YMCA

Financial Assistance Application

 New

 Renewal


Applicant Information – Please print legibly

Name: _____ DOB: _____ Age: _____ Gender: M F
 Address: _____ Marital Status: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Place of Employment: _____ Occupation: _____
 Work Phone: _____ Number of Years There: _____

Name of Spouse/Parent/Guardian/Significant Other: _____
 DOB: _____ Phone Number: _____
 Place of Employment: _____ Occupation: _____

List all persons living in household.

	First Name, Last Name	Age	DOB (MM/DD/YY)	Gender	Relationship i.e., spouse, son, daughter, etc.	Name of Employer or School
1	_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
2	_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
3	_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
4	_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
5	_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

Please attach another document if you need extra space for additional names.

Financial Information

I am applying for Membership Programs

Please list all monthly income, before taxes; this includes all who reside in the household, regardless of use of YMCA facilities.

Would you be willing to ...

Share your story

Volunteer at the YMCA

Gross Wages, Salary, + Tips _____
 Spouse Gross Wages, Salary, + Tips _____
 Other Household Member Gross Wages, Salary, + Tips _____
 Unemployment Compensation _____
 Social Security or Social Security Disability _____
 Retirement / Pension Income (non-SS) _____
 Child Support / Alimony _____
 Public Assistance _____
 All Other Income (interest, dividends, etc.) _____
Total Monthly Household Income _____

How much are you able to afford toward your monthly YMCA dues? _____

For your application to be processed, you must provide proof of the last 30 days of income and a copy of your most recent tax return. Normal processing time is within 7 business days; however, failure to attach these items will result in a delay of processing your application.

The information I have provided on this form is complete and correct and I agree to provide additional documentation upon request to verify need of financial assistance. I understand that the YMCA provides assistance to the extent that resources are available and the YMCA reserves the right to refuse assistance to any applicant. I also understand that my current YMCA account must be in good standing prior to the application being processed.

Signature of Applicant: _____ Date: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Home Phone: (____) _____ Cell Phone: (____) _____

WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

In consideration for use of the YMCA facilities and participation in YMCA programs, I understand that that the LHAY assumes no responsibility for injuries or illnesses which I (or my dependent) may sustain as a result of my physical condition or resulting from participation in any activities, sports program, and the use of any equipment or exercises. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the LHAY, its agents, assigns and/or employees from any and all claims from injury, illness, death, loss, or damage which may result from my participation. I understand that the LHAY is not responsible for personal property lost or stolen while members and/or program participants are using Y facilities or on Y premises.

I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

Signature of Primary Member, or Parent or Guardian (if under 18)

Date

Signature of Second Adult Member

Date

BANK DRAFT/EFT MEMBERSHIP/ CHARITABLE CONTRIBUTION AGREEMENT

1. I understand that Bank Draft/EFT for membership is a continuous plan. I understand the membership payment will remain in effect until I initiate its termination. I further understand that all account information changes must be given to the Y with *30 days written notice in advance of the date I want the change to occur.*
2. The LHAY Board of Directors may, at their discretion, adjust monthly rates applicable to my category of membership at any time. I understand that I will receive at least 30 days notice prior to any such changes.
3. The Y service charge is in addition to any service fee my bank may take. I understand that the draft may be resubmitted to my bank at the next available Y draft date to collect for that draft payment.
4. A check must be present if you are signing up and your dues will be coming out of your checking account.
5. I understand that after one unpaid draft, the Y will immediately terminate my membership until I have brought all payments up to date.

Initial _____

Bank Draft/EFT Cancellation Policy

After the first 30 days of Bank Draft/ EFT for membership, you may appear in person to cancel the remainder of your bank draft/ EFT agreement at any time by giving the Y *written notice 30 days in advance of the date you want to cancel.* All Fees paid for membership, including joining fees are non-refundable. If termination of your bank draft/ EFT agreement also ends your membership activity, you must complete a membership termination form.

Initial _____

Picture Waiver

I gave my permission to the LHAY to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my (or my dependent's) image or voice for purposes of promoting and interpreting Y programs.

Initial _____

Membership Handbook

I understand that the LHAY member handbook is available on www.lockhavenymca.com, and I agree that I and those on my membership account will follow that policies and procedures outlined in the handbook, including the Y's policies on denying membership to registered sex offenders.

Initial _____

I ACKNOWLEDGE THE TERMS AS STATED ABOVE

Signature of Member, or Parent/ Guardian (if under 18)

Date

Volunteers fill an important role at the YMCA. Are you willing to help with any of the following?
If you are able, just place a check on the line provided. Thank you!

- Healthy Kids' Day
- Run the River – 5K/10K
- Breakfast with the Easter Bunny
- Special Events
- I would prefer administrative work.

For YMCA Office Use ONLY:

- | | |
|---|--|
| <input type="checkbox"/> Financial Assistance Application | <input type="checkbox"/> IRS Tax Form (1040) |
| <input type="checkbox"/> Other Household Income | <input type="checkbox"/> Letter of Circumstances |
| <input type="checkbox"/> Utility Bills | <input type="checkbox"/> Two Current Pay Stubs |

Application assessed on: _____ Scholarship Type: _____
% Participant Pays: _____ % YMCA Pays: _____
Expiration Date of Assistance: _____

Director Member Relations: _____ Date: _____

Comments:

**ALWAYS HERE
FOR OUR
COMMUNITY**

