



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ACCESS FOR ALL

## Income-Based Assistance Program Application

### THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Hobart Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

### EVERYONE IS WELCOME

The Hobart Family YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our income-based assistance program, the Y provides assistance to youth, adults and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

This income-based assistance program is supported by staff, board, members and our community. Determining the amount of assistance is handled by the YMCA branch in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people and is committed to youth development, healthy living and social responsibility.



### HOW THE Y HELPED ME...

"Income-based assistance will help to allow my daughter to obtain a higher education at an age that she truly understands schooling. The assistance will also help to allow myself, and my family, to continue a healthier lifestyle and join the different activities the YMCA provides."

# Income-Based Assistance Application (5 easy steps)

## (1) Personal Information:

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Gender (M or F) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Marital Status \_\_\_\_\_  
(single, married, divorced, separated)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relation \_\_\_\_\_

## (2) I am applying for

- Young Adult  
(18-24 years)
- Adult  
(25-64 years)
- Adult + 1  
(1 adult and one additional person)
- Family  
(1 or 2 adult household and/or dependents)

Tell us in your own words how this scholarship will benefit you (use extra page if needed)

Yes, you can use my story to help others learn more about the Y  No, please do not share my story

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**(3) List All Persons Living in the Household**

Name (First/Last)	Relationship	Sex	Birth Date	Age

**(4) To qualify for assistance, provide the following documents:**

I FILED TAXES FOR LAST YEAR

- I am an individual filing jointly. I am providing one 1040 form.
- We filed more than ONE tax form in our household, we are providing \_\_\_\_ 1040 forms.

Total income filed \$ \_\_\_\_\_

30 days of income including paychecks (required)

\$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_  
 30 day income                      months                      total annual household income

I DID NOT FILE TAXES FOR LAST YEAR

- My household income has changed since I filed for taxes last year.
- Documentation of government assistance. (see below)

**Additional Information:**

The purpose of the Income-based assistance program is to provide all members of the community access to the Hobart Family YMCA programs and services. In accordance with the national mission: "No person shall be denied participation because of race, creed, gender, or the ability to pay." This program will enable the YMCA to serve participants in need of income based assistance.

**Government Assistance:**

	Adult 1	How Often	Adult 2	How Often
Food Stamps	\$ _____	_____	\$ _____	_____
AFDC/SSA/SSI	\$ _____	_____	\$ _____	_____
Unemployment	\$ _____	_____	\$ _____	_____
Child Support	\$ _____	_____	\$ _____	_____
Alimony	\$ _____	_____	\$ _____	_____
Retirement/Pension	\$ _____	_____	\$ _____	_____
Other Extenuating Circumstances	\$ _____	_____	\$ _____	_____

**(5) Please Read the Following & Sign**

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

IN CONSIDERATION FOR PROGRAMS AND ACTIVITIES of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in and off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, immediately upon entering or participating inspected and carefully considered such premises and facilities or the affiliated programs. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Family YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any programs affiliated with the Family YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.**

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Applicant)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) are required to receive your membership key card.



Membership Name: \_\_\_\_\_  
For Office Use Only

**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **Hobart Family YMCA Addendum to Membership Agreement**

**Terms & Conditions:** When you accept this plan, it is with the understanding that your membership will be on a continuous basis and the drafting of your account and your membership will continue until such time that you request cancellation of the draft at our Courtesy Desk and return all issued membership tags. Should membership rates increase, you will be notified in writing at least thirty (30) days prior to your draft date. The Hobart Family YMCA reserves the right to adjust membership fees annually. NOTE: Any past due balances must be paid prior to starting a new agreement or prior to terminating an existing agreement.

Bank drafts are withdrawn on the fifth (5th), twelfth (12th), twentieth (20th) and twenty-eighth (28th) of every month; therefore a **Cancellation Form MUST** be completed in writing at minimum fifteen (15) business days prior to the membership draft date to be effective by the next draft date.

Bank drafts are conducted on the fifth (5th), twelfth (12th), twentieth (20th) and twenty-eighth (28th) of every month; when the draft is a Saturday/Sunday or Holiday it may draft up to two days before or after the draft date depending on your banking institution.

The following is our return policy:

- In the event an "ACH" item, debit card or credit card draft is returned due to non-sufficient funds or inactive account, eCashflow (name of vendor) will electronically attempt to collect the funds (2) two additional but separate times.
- eCashflow (name of vendor) will charge an additional fee of \$20.00 for the original non-sufficient fund draft. The YMCA is not receiving these funds nor has the ability to reduce or remove the fee.
- eCashflow (name of vendor) will not charge fees for lost, stolen or expired debit and credit cards.
- eCashflow's (name of vendor) name and phone # will be listed on your bank account in cases you have questions and wish to speak to someone.
- eCashflow (name of vendor) will attempt to collect the funds up to 30 calendar days from the day of the original draft day.
- The Hobart Family YMCA will not be responsible for any additional charges you may incur from your banking institution due to having insufficient funds in your account.

If you change your bank information for any reason it is **your responsibility** as a member to update your information at the service desk. Anyone that falls behind in making payments on monthly dues for more than **15 business days** may have their **membership canceled**. You will not be able to use the Y for any reason and will be held responsible for any outstanding balance owed.

**I have read the above membership bank draft terms and my signature is my acceptance that I fully understand them and will abide by them.**

\_\_\_\_\_  
**Signature:** 18 years or older, youth memberships must be signed by parent/guardian.

\_\_\_\_\_  
(Date)



Membership Name: \_\_\_\_\_

*For Office Use Only*

Change/Update Billing: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**AUTHORIZATION AGREEMENT TO HONOR BANK DRAFT/CREDIT CARD DRAWN BY THE YMCA**

I (we) hereby authorize the Hobart Family YMCA, Inc. to initiate debit entries to my (our) account as indicated below at the depository financial institution named below, hereinafter called DEPOSITORY and to debit the same to such account. Any change in my membership fee shall, after notice to me, constitute a change in my monthly bank draft amount.

**CHECKING ACCOUNT DRAFT AUTHORIZATION**

**Draft Date**  5th  12th  20th  28th (Choose (1) One)

Depository Name: \_\_\_\_\_  Checking  Savings  
(Name of Bank)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until the Hobart Family YMCA Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Hobart Family YMCA Inc. and **DEPOSITORY** a reasonable opportunity to act on it.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print) (Please Print)

**Signed:** \_\_\_\_\_

**\_\_ We prefer to have a voided check or letter from bank to verify the above information.**