



# HAMPSHIRE REGIONAL YMCA

## FINANCIAL ASSISTANCE MEMBERSHIP APPLICATION

### OFFICE STAFF USE

Date processed \_\_\_\_\_

Staff Name \_\_\_\_\_

Memb Exp Date \_\_\_\_\_

Regardless of your financial situation, the Hampshire Regional YMCA will work with you to receive all the benefits of membership. If you cannot afford the full cost of a Y membership, you may apply for financial assistance. The Y maintains confidentiality of all financial information received in the application process. All Y members receive the same membership benefits, regardless of assistance.

- Financial Assistance reduces membership fees by 10%-60% depending on income eligibility
- All awards will be granted for 12 months; after 12 months you will need to reapply with updated documentation
- For your financial security, please black out any social security or bank account numbers prior to submitting documents

### APPLICANT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DOB \_\_\_\_\_ Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

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

### I AM APPLYING FOR

\_\_\_\_\_ Youth Membership

\_\_\_\_\_ Young Adult

\_\_\_\_\_ Adult

\_\_\_\_\_ Adult Couple

\_\_\_\_\_ One Adult Household w/ kids

\_\_\_\_\_ Two Adult Household w/ kids

\_\_\_\_\_ Senior

\_\_\_\_\_ Senior Couple

\_\_\_\_\_ Y Team

\_\_\_\_\_ Other

### ALL PERSONS LIVING IN HOUSEHOLD

Do you share expenses? Yes \_\_\_\_\_ No \_\_\_\_\_ Total number of people in household \_\_\_\_\_

#### LIST ALL FAMILY MEMBERS WHO WILL BE ON THE MEMBERSHIP:

Name	DOB	Gender	Name	DOB	Gender
Parent/Adult _____			Parent/Adult _____		
Dependent _____			Dependent _____		
Dependent _____			Dependent _____		

### GETTING TO KNOW YOU

Together we work to ensure that everyone, regardless of ability, age, cultural background, ethnicity, faith, gender, gender identity, ideology, income, national origin, race or sexual orientation has the opportunity to reach their full potential. By sharing this ethnic origin information, you will help us to meet this goal. This information is confidential and optional, and has no impact on the Financial Assistance application process.

### Ethnic Origin

	Primary Adult	Second Adult	Youth/Children
White/Caucasian (Not Hispanic origin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black/African American (Not Hispanic origin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hispanic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
American Indian or Alaskan Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 or more, or other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### PROGRAMS

Assistance for programs or camp-check any that apply:

\_\_\_\_\_ SACC Program \_\_\_\_\_ Camp

Session Name (eg Spring 2) \_\_\_\_\_

\_\_\_\_\_ Gymnastics \_\_\_\_\_ Youth Sports

\_\_\_\_\_ Aquatics \_\_\_\_\_ Other

Class Name: \_\_\_\_\_

(Max 2 per session) \_\_\_\_\_

Additional Info : \_\_\_\_\_

(eg Camp Norwich) \_\_\_\_\_

I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of any changes in information supplied in this application such as income, address, living arrangements, marital status or other matters that might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can and may result in immediate revocation of membership and program privileges.

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

## INCOME DOCUMENTATION

Attach all application financial documents and return to the Hampshire Regional YMCA .

Questions or help? Contact Jon Scully, Development Director Jon.Scully@hrymca.org (413) 584-7086 ext 122

### Required

\_\_\_\_\_ 1040 Federal Tax Return \_\_\_\_\_ Non-filing Form

### Employed - Provide one of the following

\_\_\_\_\_ Two consecutive pay stubs for EACH wage earner, showing gross income

\_\_\_\_\_ If pay stubs are not available, attach letter of employment specifying gross salary, signed and dated by employer on company letterhead

### All Applicants - Provide all of the following that are applicable

\_\_\_\_\_ Social Security Administration Letter

\_\_\_\_\_ Foster Care Subsidiary Letter

\_\_\_\_\_ Unemployment Statement

\_\_\_\_\_ Student Loan Disbursement Letter

\_\_\_\_\_ Retirement/Pension Statement

\_\_\_\_\_ Child Support/Alimony

\_\_\_\_\_ SNAP Benefit Statement

\_\_\_\_\_ Alimony

\_\_\_\_\_ TANF (TAFDC)

\_\_\_\_\_ Any other income that pays expenses

\_\_\_\_\_ Current Utility Bill (or proof of residency)

## OPTIONAL: TELL US MORE

Your award is based on your income and family size.

Please use this space to include any special circumstances that contribute to your request for financial assistance.

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I prefer to receive a response via email \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Approval process takes approximately 3-4 business days)

I prefer to receive a response via USPS mail \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Approval process takes approximately 5-7 business days)

In consideration of gaining membership or being allowed to participate in the activities and programs of the Hampshire Regional YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge (or for my children to so participate), the undersigned, for themselves and such participating family members do hereby waive, release, and forever discharge the HRYMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from their participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of their participation in any activities at said facility. The undersigned, for themselves and such participating family members do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to themselves, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with their participation in any activities of the HRYMCA or the use of any equipment at the HRYMCA. In joining the HRYMCA the undersigned along with family members understand that they must adhere to the HRYMCA Code of Conduct. The undersigned, along with the participating family members agree to adhere to all policies set by the HRYMCA. Photograph Permission: The undersigned, for themselves and such participating family members hereby gives permission for the Hampshire Regional YMCA to use without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret HRYMCA programs. Cell Phone Use/Video Taping: Due to advances in video equipment and telephone technology, and for the safety and security of our members and guests, any and all video equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas generally deemed to be "private" within Hampshire Regional YMCA facilities. The HRYMCA requests that all cell phone usage be reserved for lobby areas only. Property Loss: The undersigned, for themselves and such participating family members understands that the Hampshire Regional YMCA is not responsible for personal property loss, damaged or stolen while using the HRYMCA facilities or participating in HRYMCA programs. Security Bags are available. Please see welcome center for details.

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.

Signature of Primary Member (Parent/Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Primary Member(Parent/Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_