

YMCA of the Sandhills Open Doors Application



Did you know the YMCA is a leading nonprofit organization serving over 10,000 communities across the country? The Y provides youth development, healthy living, and social responsibility programs to all regardless of faith, cultural background or ability to pay. We strive to make services accessible by offering income-based financial assistance. All financial assistance is made possible through the generosity of local donors who support the mission of the YMCA.

Qualifications

We welcome anyone who wishes to apply for financial assistance. Financial awards are based on annual household size and income in accordance with the YMCA sliding scale, which is updated annually. Open Doors awards are not finalized until all documentation is received and the application processed.

Required Documentation

Requested documents must be submitted in their entirety to be considered. If all documents are not received after 30 days a new application will need to be started.

- Most recent pay stubs for all employed household members.
- Weekly benefits statements for adults receiving unemployment benefits.
- Most recent 1040 income tax return. If the household is exempt from filing income taxes, proof of exemption is required. This can be obtained at <https://www.irs.gov/individuals/get-transcript> or by calling the IRS at 1-800-908-9946. We recommend calling if you are unable to create an account online.
- Proof of all government assistance including SNAP, WIC, TANF, housing subsidy, student loans, etc.
- SSI/SSDI monthly statement letter.
- Child support or alimony statement letter.
- Additional documentation may be required based on circumstances.

Responsibility

Awards are valid for a maximum of ONE YEAR and based on TOTAL HOUSEHOLD INCOME. If approved, it is your responsibility to update the application by our annual renew date of April 25th. If application is not renewed in a timely manner, full membership rates will go into effect June 1st. _____ (Applicant Initials)

Applicants must disclose complete, accurate, and current income documentation. Misrepresentation may result in the suspension or revocation of membership privileges. _____ (Applicant Initials)

This Open Doors application is for:

PROGRAM: ☐ Aquatics ☐ Childcare ☐ Youth Sports

MEMBERSHIP: ☐ New ☐ Renewal

Name: _____

Email: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Date of Birth: _____ **Gender:** ☐ M ☐ F

Federal Income Tax Filing Status:

☐ Single ☐ Joint ☐ Married filing separately ☐ Other _____

Employment Status: ☐ FT ☐ PT ☐ Unemployed ☐ Disabled ☐ Student

Emergency Contact: _____

Phone: _____

Additional Household Members: Individuals listed below must reside in the same household as applicant. Proof of residency required for all adults.

Name: _____

Date of Birth: _____ **Gender:** ☐ M ☐ F

Employment Status: ☐ FT ☐ PT ☐ Unemployed ☐ Disabled ☐ Student

Name: _____

Date of Birth: _____ **Gender:** ☐ M ☐ F

Employment Status: ☐ FT ☐ PT ☐ Unemployed ☐ Disabled ☐ Student

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Name: _____

Date of Birth: _____ **Gender:** ☐ M ☐ F

Employment Status: ☐ FT ☐ PT ☐ Unemployed ☐ Disabled ☐ Student

Open Doors Agreement

I certify that all the information provided is true and complete to the best of my knowledge. I understand that false information will disqualify me from participating. I understand that the decision to grant a fee reduction is at the sole discretion of the YMCA if funds are available. I understand that financial assistance must be renewed at least annually, and renewal is not a guarantee of a continued reduction of fees. I understand that failure to renew will NOT terminate my membership but WILL result in an increase of dues. I understand that it is my responsibility to notify the YMCA of any changes in personal information or financial situation.

Membership Agreement

Billing: I understand that I am authorizing the YMCA of the Sandhills to automatically draft my membership and annual dues using the credit card or bank account provided on the 1st of the month until a 7-day written notice is received from the financially responsible party. Automatic billing will not be pro-rated, and I am responsible for any charge incurred within the 7 days' notice. I understand that I may place my membership on hold for up to 90 days annually by providing written notice to the YMCA. I understand that no refunds will be given for payment in full annual, semi-annual or quarterly membership. I understand that it is my responsibility to monitor my payments and that I cannot hold the YMCA responsible for any payment mistakes 90 days after the error took place.

I understand that if I fail to notify the YMCA of any changes to my payment information or if there are insufficient funds available at the time of the draft, a \$25 fee will be assessed in addition to the monthly payment. Non-payment for any reason will result in the suspension of my membership privileges. Failure to pay past due amounts may result in the YMCA pursuing legal action by utilizing a collections agency or reporting to credit bureaus. I understand the YMCA may increase my membership cost and adjust the amount of my automatic payment after I have been mailed a written notice 30 days prior to the charge.

Facility Usage: The applicant(s) understands that the YMCA has a member code of conduct and agrees to treat YMCA staff, members, guests, facilities and equipment with respect at all times. Applicants will follow all staff instructions and YMCA of the Sandhills policies and procedures. Failure to do so may result in the loss of membership.

Children under the age of 12 must be supervised by an adult at all times. Youth ages 12 and up may utilize the YUMCA for up to two hours unaccompanied. The YMCA will not provide supervision unless children are enrolled in a YMCA program.

The Y promotes the safety of all who engage in exercise programs. The applicant(s) confirms that he/she is in physically sound condition and understands that participation in exercise, weight training recreational sports, including the use of pools, saunas, and fitness equipment, carry potential risk of injuries or illness. Applicant(s) agrees that the YMCA is not responsible for any such injury or illness. If the applicant(s) decline a YMCA led wellness orientation and are over the age of 18, they indicate that they are familiar with the use of cardio, circuit training and free weight equipment. If under 18, guardian understands that all youth must receive an orientation prior to using the wellness area.

Marketing: The applicant(s) understand the YMCA will contact members using the information provided at sign up with member updates, account information and program registration and information. Applicant(s) understand the YMCA and/or other media representing the YMCA may use images and audio of members for promotional purposes. It is the member's responsibility to remove themselves from filming, photographs or digital recording should they not want their image included in marketing promotions.

Release and Waiver of Liability: In favor of the YMCA of the Sandhills, a non-profit corporation, its directors, officers, employees and agents, participants and their dependents do hereby release and forever discharge and hold harmless the YMCA and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the participant's involvement in the YMCA'S programs, services, and events. Participant understands that this release discharges the YMCA from any liability or claim that the participant may have against the YMCA with respect to any bodily injury, personal injury, death or property damage that may result from participants involvement in YMCA programs, services, and events. Participants also understand that the YMCA does not assume responsibility for or obligation to provide financial or other assistance.

I have read and accept all the provisions of membership set forth above.

Signature required for members 18 or older and Parent/Guardian signature for all applicants under 18 years old.

Name: _____

Signature: _____ **Date:** _____

Name: _____

Signature: _____ **Date:** _____

Name: _____

Signature: _____ **Date:** _____

Name: _____

Signature: _____ **Date:** _____

Staff Use Only

Monthly Income: \$ _____ Sliding Scale Qualification: _____ %

Membership Type: _____ Standard monthly dues: _____

Monthly dues with discount percentage: \$ _____

Staff Initials: _____ Date Processed: _____