FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP FOR ALL

INCOME BASED MEMBERSHIP

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 Hanover Area YMCA ensures that every individual has access to the essentials needed to learn, grow, and thrive.

EVERYONE IS WELCOME

The 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 Annual Campaign the Hanover Area YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining your level of support is handled by each Y location in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive membership or program support. Y members and program participants 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.

PLEASE NOTE

- **Contributions to our Annual Campaign reduces membership and program fees, it does not eliminate them.**
- **All support will be granted for up to 12 months.**
- **Membership and program fees are subject to change upon annual review.**

The Y reserves the right to request additional information when necessary.

Please contact us if you have any questions.

hanoverymca.org

INCOME BASED MEMBERSHIP APPLICATION

1 APPLICANT INFORMATION

Name

Email

Mailing Address

City

State ZIP Code

Home Phone ( )

Cell Phone ( )

If an applicant is under 18 Parent's or legal guardian's name

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance. Tax forms must reflect those living in the household.

☐	Parent /Guardian /Adult	DOB
☐	Parent /Guardian /Adult	DOB
☐	Child	DOB
☐	Child	DOB
☐	Child	DOB
☐	Child	DOB
☐	Child	DOB
☐	Other dependent(s)	Age(s)

3 I AM APPLYING FOR

Check the category for which you are applying

- ○ **YOUTH** (ages 0 -17)
- ○ **YOUNG ADULT** (ages 18 - 25)
- ○ **ADULT** (ages 26 - 61)
- ○ **SENIOR** (ages 62 & up)
- ○ **2 ADULTS*** (ages 18+)
- ○ **1 ADULT HOUSEHOLD*** (one adult + dependents)
- ○ **2 ADULT HOUSEHOLD*** (two adults + dependents)

*Must reside in same household. Dependents are classified as legal dependents up through age 22 residing in same household

4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES FOR LAST YEAR

- ○ 1040 Federal Tax Form(s) for all incomes in household
- ○ My income has changed since my last 1040.

or

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

Documents showing most recent 30 days of income:

- ○ Child Support $_____ x 12 =_____
- ○ Employment Food $_____ x 12 =_____
- ○ Stamps $_____ x 12 =_____
- ○ Retirements $_____ x 12 =_____
- ○ Social Security $_____ x 12 =_____
- ○ Alimony $_____ x 12 =_____
- ○ Unemployment $_____ x 12 =_____
- ○ Foster Care Income $_____ x 12 =_____
- ○ Housing Assistance $_____ x 12 =_____
- ○ Other $_____ x 12 =_____

Total income $ _____ x 12 _____

I CERTIFY that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above.

I agree, if necessary, to send additional information and documentation to support the above statements. I understand that subsidy assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

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_____ _____

Signature of person completing this form Date

Bring all applicable financial documents to the Hanover Area YMCA nearest you for verification.

FOR MEMBERSHIP STAFF USE

Date _____

Amount awarded _____%

You have been pre-approved for a **monthly rate** of $ _____ with a **joining fee** of $ _____

This pre-approval is valid for 60 days and subject to verification.

revised 05/18/2026