OPEN DOORS APPLICATION



WHAT IS THE "OPEN DOORS" PROGRAM?

Did you know that the YMCA is a leading nonprofit organization that serves 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 with the generosity of local donors who support the mission of the YMCA.

Complete the Open Doors application to understand the assistance your family may qualify for and receive an honorary discount for signing up at the time of your application!

QUALIFICATIONS:

We welcome any and all who wish to apply for financial assistance. The award provided is based on the annual household income reported, household size, and YMCA sliding scale that is updated annually. Open Doors rewards are not finalized until all documentation is submitted to the YMCA.

REQUIRED DOCUMENTATION AND RESPONSIBILITY

All documentation that is applicable to your household MUST be provided regardless of who is on the membership.

- If employed, please submit all adults' two most recent paycheck stubs. If an adult is receiving unemployment, please submit the weekly benefits statement.
- Current year 1040 income tax return
- If exempt from filing, please provide proof of non-filing with a verification of non-filing letter. This can be obtained through the https://www.irs.gov/individuals/qet-transcript or by calling the IRS at 1-800-908-9946. We recommend calling if you are unable to create an account online with the IRS.
- Proof of government assistance/income including student loans, DSHS, SNAP, WIC, or TANF letter explaining monthly allowance
- SSI/SSDI monthly statement letter
- Child support or alimony statement letter

Your award is valid for a limited amount of time. To ensure financial assistance is utilized b	y those who			
need us most, members are required to update their annual income on or before April 25 $^{ m th}$ c	of every year.			
Failure to submit the required documentation will result in the loss of your Open Do	oors reward			
and the standard rates being charged to your membership account effective in the month of May.				
(Applicant Initials)				
We expect our members to disclose complete, accurate, and current income documentation	In the event			

that any misrepresentation occurs, depending on severity, your membership privileges may be suspended or revoked. _____ (Applicant Initials)



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Please print legibly.

Name:		_ DOB://_	Gender: 🗆 M 🗆 F
Mailing Address:		City:	Zip:
ADDITIONAL HOUSEHOLD MEMBERS: Membership eligibility is based on the individuals listed membership with more than one adult listed documental			
Name:		_ DOB://_	 Gender: ¬M ¬F
Name:		_ DOB://_	Gender: □M □F
Name:		_ DOB://_	Gender: $\square M$ $\square F$
Name:		_ DOB://_	Gender: □M □F
Name:		_ DOB://_	Gender: □M □F
Name:		_ DOB://_	 Gender: $\square M$ $\square F$
Federal Tax Income Status:	□Joint	□Other:	
Employment Status (Adult 1): □Full-Time Current Employer:		□Unemployed Phone:	
Employment Status (Adult 1): □Full-Time Current Employer:		□Unemployed Phone:	
Employment Status (Adult 1): □Full-Time Current Employer:			□N/A
	RS POLICY AGR ead and INITIAL ea		
I understand I am responsible for submit no 25th of the month. If I do not submit no terminate and I will need to be repay no programs or services.	ny documentati	on, I understand my	membership will
I certify to the best of my knowledge,	my application	is complete and ac	curate.
I understand that annual awards are s assistance.	ubject to chang	e based on availabi	lity of financial
Applicant Signature:		Dat	e: