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 unemployed, please submit two months of bank statements. All household members over the age of 18 must provide one of these.
- 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.qov/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 by those who need us most, members are required to update their annual income on or before April 25th of every year. Failure to submit the required documentation will result in the loss of your Open Doors reward and the standard rates being charged to your membership account effective in the month of May. (Applicant Initials)



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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)

Please print legibly. _______DOB: ___/____Gender: DM DF Name: Mailing Address: _____ City: Zip: ADDITIONAL HOUSEHOLD MEMBERS: Membership eliqibility is based on the individuals listed below residing in the same household. If you are applying for a membership with more than one adult listed documentation must be provided to verify residency. Name:______DOB: / / Gender: DM DF Name:______ DOB: ___/____ Gender: □M □F Name:_____ DOB: ___/___ Gender: □M □F Name: DOB: / / Gender: DOB: / / Gender: DOB Name: ______ DOB: ___/___ Gender: _M __F **Federal Tax Income Status:** □Single □Joint □Other: □Unemployed □N/A
____Phone: _____ **Employment Status (Adult 1):** | Full-Time | Part-Time | Unemployed Current Employer: **Employment Status (Adult 1):** □Full-Time □Part-Time □Unemployed ⊓N/A _____ Phone: ____ Current Employer: ______ **Employment Status (Adult 1):** | Full-Time | Part-Time | Unemployed | N/A ____Phone: _____ Current Employer: ______ **OPEN DOORS POLICY AGREEMENT** Please carefully read and INITIAL each statement. I understand I am responsible for submitting all required Open Doors documentation before the 25th of the month. If I do not submit my documentation, I understand my membership will terminate and I will need to be repay my honorary discount prior to signing up for YMCA programs or services. I certify to the best of my knowledge, my application is complete and accurate.



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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

I understand that annual awards are subject to change based on availability of financial assistance.

Applicant Signature:	Date:
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