



OPEN DOORS

Financial Assistance Application

The YMCA of Central Kentucky is a nonprofit, community-based, health and human services organization that is committed to strengthening the foundations of the community. Our programs and services are available to everyone – regardless of age, background, ability or income.

Sharing the financial responsibility for a Y membership will give you peace of mind as well as a sense of ownership and pride. Those who qualify will be asked to pay only a portion of the established rate. Generous Y members and other community leaders contribute the remaining amount through the Y's Annual Giving Campaign.

Section 1 Making an Application ☐ NEW ☐ RENEWAL

The Y's Open Doors program follows an income based scale, designed to fit an individual's or household's financial situation. In order to foster a sense of ownership in the Y, you will be asked to pay a portion of the fees. *Circle the type of membership and branch for which you are applying.*

Type	Household	Adult	Young Adult (19-25)	Teen (13-18)	Youth	Senior (65+)	Senior Household (at least one person 65+)
	Programs Only	OR	Childcare Only				
Branch	Beaumont Centre Family YMCA	High Street YMCA	North Lexington Family YMCA	Scott County YMCA			
	Jessamine County YMCA	Child Development (Includes Child Development Center at North)	Community Services (Black Achievers)				

Section 2 Statement of Understanding

Please read and check off each statement and initial at the bottom that you understand.

- ☐ I understand that the YMCA of Central Kentucky is a non-profit organization and financial assistance is made possible through the generosity of donors.
- ☐ I understand that any assistance allocated is good for one year. I understand that to maintain my assistance, I will need to provide updated documentation as requested by the Y.
- ☐ I understand that I must submit requested documentation listed in Section 3 in order for my application to be reviewed and processed.
- ☐ I agree to notify the Y if my financial situation changes for the better. This will allow my assistance to be re-evaluated, thus possibly providing more opportunities for others in need.
- ☐ I understand that assistance will be awarded subject to availability and eligibility.
- ☐ I understand that all Y members/program participants receive the same benefits, regardless of whether or not they are receiving assistance. I further understand that I am joining an organization that cares greatly for the health and well-being of all people committed to strengthening the foundations of the community.

Please initial that you have read and understand each statement.

Section 3 Required Documentation

In order to provide assistance in a fair and consistent manner, the following documents to indicate your financial situation must be attached and included with your application:

1. Last two pay stubs OR Social Security or disability checks (or copy of bank statements showing amount of automatic monthly deposit) for **ALL** adults in the household **AND**
2. Your most recent federal income tax return or W-2 (if you are applying for a family membership and you file separately, please provide both returns) **AND**
3. Documentation of any government assistance such as unemployment, food stamps, rent subsidy or aid to dependent children or foster care cash assistance, KTAP, etc. (For childcare, a school schedule for full-time college students)
4. Child support agreement if applicable.

Note-If you do not have any of the documents required, you must submit a letter explaining your personal situation. All personal information will be kept confidential and secure.

Section 4 General Information

After thoroughly reviewing the application, the Y will determine financial assistance eligibility. Your application can not be processed until all required documents are provided. Please allow one week to process your application. You will be notified within one week whether your application has been approved or if additional information is needed.

Section 5 Applicant Information

Applicant's Name _____ Primary Phone _____

Applicant's Employer _____ Work Phone _____

Applicant's Birthdate _____ E-mail Address _____

Race Information (Please circle) **Caucasian/White** **African American/Black** **Hispanic** **American Indian** **Pacific Islander** **Other**

Other Adult Name _____ Primary Phone _____

Other Adult's Employer _____ Work Phone _____

Other Adult's Birthdate _____ E-mail Address _____

Race Information (Please circle) **Caucasian/White** **African American/Black** **Hispanic** **American Indian** **Pacific Islander** **Other**

Home Address _____ Apartment # _____

City _____ State _____ Zip _____

<u>Dependents Names</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Sex</u>	<u>Race Information (Please Circle)</u>
1. _____	_____	_____	M F	Caucasian/White African American/Black Hispanic American Indian Pacific Islander Other
2. _____	_____	_____	M F	Caucasian/White African American/Black Hispanic American Indian Pacific Islander Other
3. _____	_____	_____	M F	Caucasian/White African American/Black Hispanic American Indian Pacific Islander Other
4. _____	_____	_____	M F	Caucasian/White African American/Black Hispanic American Indian Pacific Islander Other
5. _____	_____	_____	M F	Caucasian/White African American/Black Hispanic American Indian Pacific Islander Other

Gross Monthly Household Income

	Applicant	Other Adult
Employment	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Government Assistance	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Household Income	\$ _____	

Financial Circumstances

Describe any unusual expenses you have incurred and/or provide additional reasons/circumstances for applying for financial assistance.

Section 6: Certification of Information

I certify that all information on my application is true and complete to the best of my knowledge and any misrepresentations may result in automatic membership termination and suspension from making future applications. I understand that I am applying for financial assistance and that it will expire one year from the date of acceptance. I further understand that to maintain my assistance, I will need to provide updated documentation when requested by the Y.

Signature of applicant _____ Date _____

For office use only

Expiration Date _____ Award % 25 50 Staff _____