

Open Doors



The Foundation YMCA is a not-for-profit health and human service organization committed to helping people grow in spirit, mind, and body. YMCAs are here to serve people of all ages, backgrounds, abilities, and incomes. The Y is community-based and believes that its programs and services should be available to everyone. That is why the YMCA offers an OPEN DOORS program. The OPEN DOORS financial assistance program is based on a sliding fee scale that is designed to fit everyone's financial situation. OPEN DOORS may be utilized by:

- Youth referred by schools, churches, and organizations
- Adults who are temporarily out of work
- Those who are divorced and experiencing financial hardship
- People on fixed incomes
- People who are overwhelmed by medical bills
- Those experiencing other financial hardships

The Wilson Family YMCA requires that individuals provide the requested information on the attached form regarding income, family size, and necessary expenses so that it can provide financial assistance fairly and consistently. The YMCA also requires that individuals reapply annually or when requested. Your fees are subject to increase when you reapply. If you do not reapply when requested, your enrollment will be terminated.

To process your application, we need the following information:

- Copy of last year's tax return
- Copy of last two pay stubs
- Copy of social security or disability checks (or copy of bank statement showing monthly deposit)

NOTE: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040). If you did not file taxes last year or if you don't have the other documents required, please submit a letter explaining your situation.

Send completed applications to Membership Engagement Director, Foundation YMCA. Please allow two weeks to process your application. You will be contacted in writing or by phone as to the status of your application. If you have questions please call, 252-291-9622.

All YMCA members receive the same membership benefits regardless of whether or not they are receiving assistance. YMCA members may feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families, and strong communities.

Responsibilities of an Open Door member

Open Door funds are limited and for the use of those that will utilize the Wilson Family YMCA. If you are not using the facility, please cancel your membership to allow others an opportunity.

For the first time, Open Doors is awarded for three months. If you find that you are using the facility regularly it may be renewed at six-month intervals. Each year new financial documentation must be submitted.

Regular usage is at least eight visits per month; lack of use will result in termination.

Dues payments are to be made promptly before the 15th of the month. Non-payment of dues will result in termination. If the membership is terminated for nonpayment, it may not be reactivated. You may reapply in one year.

FOUNDATION YMCA OPEN DOORS APPLICATION

Personal information

Legal Name _____

Birthdate ____/____/____

Home Phone _____ Cell Phone _____

Address _____

City _____

State _____ Zip _____

Are you a full-time student? _____ If yes, where?

List information for all persons in the household. Your household includes dependents you claim on your federal income tax return.

	LEGAL NAME	BIRTH DATE	SEX	RELATIONSHIP	ETHNICITY	Employer/School
1		/ /				
2		/ /				
3		/ /				
4		/ /				
5		/ /				

Type of financial assistance requested:

Membership: Adult ____ Adult Couple ____ Adult W/ Dep ____ Family ____

Other: _____

Employment Information

Employer _____ Work
Phone _____

Address _____

City _____ State _____
Zip _____

Position _____ Length of
employ _____ Full time ___ Part time ___

Gross Monthly Income _____ Supervisor's
Name _____

Spouse's Employer _____ Work
Phone _____

Address _____

City _____ State _____
Zip _____

Position _____ Length of
employ _____ Full time ___ Part time ___

Gross Monthly Income _____ Supervisor's
Name _____

Household Income/Expenses

Income

\$ _____ Your monthly gross income
\$ _____ Spouse's monthly gross income
\$ _____ Child Support
\$ _____ Aid to Dependent Children

Expenses

\$ _____ Rent/Mortgage
\$ _____ Auto Loan
\$ _____ Utilities
\$ _____ Phone

\$ _____ Welfare
\$ _____ Unemployment
\$ _____ Food Stamps
\$ _____ Other (explain)

\$ _____ Child Support
\$ _____ Medical
\$ _____ Child Care
\$ _____ Food
\$ _____ Other (explain)

\$ _____ Total Monthly Household Income

\$ _____ Total Monthly Expenses

What is the dollar amount that you can afford to pay each month?

Membership \$ _____ per month

Program \$ _____ per session

Please tell us why you are applying for OPEN DOOR financial assistance.

I verify that all of the information submitted is correct, complete, and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit inaccurate or false information or fail to notify the YMCA within 30 days, I may be terminated from the OPEN DOORS program. I understand that applications will be processed only after all information is submitted and the application is filled out completely.

Signature of Applicant

Date

YMCA STAFF USE ONLY

Date received _____ Date notified _____

Approved—amount _____ Expiration _____

Denied—

Reason _____
