

# OPEN DOORS FINANCIAL ASSISTANCE



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. 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.

## CONTACT INFORMATION

### ADULT #1

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone \_\_\_\_\_

Race  Asian/Pacific Islander  Alaskan Native  African American/Black  Caucasian/White  Hispanic  
 Native American  Other

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### ADULT #2

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Race  Asian/Pacific Islander  Alaskan Native  African American/Black  Caucasian/White  Hispanic  
 Native American  Other

### DEPENDENTS

Dependent Name(s)	Relationship	Date of Birth	Gender
_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F

## TYPE OF ASSISTANCE

Are you applying for membership or programs? Please check below:

#### MEMBERSHIP TYPE

- Adult
- Young Adult (19-25)
- Household
- Teen (13-18)
- Senior (65+)
- Senior Household (at least one 65+)

#### PROGRAM TYPE

- Swim Lessons
- Swim Team
- Sports
- Camp
- Child Care
- Other: \_\_\_\_\_

Are you currently receiving financial assistance from the YMCA?  Yes  No

#### LOCATION

- C.M. Gatton Beaumont YMCA
- North Lexington Family YMCA
- High Street YMCA
- Scott County YMCA
- Jessamine County YMCA
- Whitaker Family YMCA

Last Name

First Name

Location

## TERMS AND APPLICATION INFO

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

- A recent Federal tax return **OR** recent W-2 of everyone in the household (if you are applying for a household membership and you file separately, please provide both returns or proof of non-filing).
- Last two pay stubs **OR** social security or disability check (or copy of bank statements showing amount of automatic monthly deposit) for **ALL** adults in the household.
- Documentation of any government assistance such as unemployment, food stamps, rent subsidy or aid to dependent children or foster care assistance, KTAP, etc. (For child care a school schedule is required for full-time college students and a child support agreement, if applicable).

All applications must be completed thoroughly and accurately with all required documentation in order to be processed. If you do not have any of the documents required, you must submit a letter explaining your personal situation. All information is confidential and secure. Please allow one week to process your application and you will be notified whether your application has been approved or if additional information is needed. Financial assistance does not reduce any joining or registration fees.

**Renewal applicants need to submit a renewal application, income verification and letter on how the Y has benefited them once a year. After thoroughly reviewing the new application, the Y will determine financial assistance eligibility and you will be notified.**

## FINANCIAL INFORMATION

	Applicant	Other Adult	Describe any unusual expenses you have incurred and/or provide additional reasons/circumstances for applying for financial assistance:
Employment	\$ _____	\$ _____	_____
Child Support	\$ _____	\$ _____	_____
Government Assistance	\$ _____	\$ _____	_____
Unemployment	\$ _____	\$ _____	_____
Social Security	\$ _____	\$ _____	_____
Retirement Pension	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
<b>Total Monthly Household Income</b>	\$ _____	_____	_____

## STATEMENT OF UNDERSTANDING

Please read and check off each statement and sign 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 I must submit ALL requested documentation listed on this form in order for my application to be reviewed and processed. 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 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 YMCA members/program participants receive the same benefits, regardless of whether or not they are receiving assistance.

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 person completing this application Date

**FOR OFFICE USE ONLY:** Award  25%  50% Date Approved \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by: \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_