

®



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Open Doors

Financial assistance

**The Y works to make sure
that everyone has the
opportunity to
learn, grow & thrive.**

www.naugatuckymca.org



Open Doors application

The Naugatuck YMCA is a not-for-profit health and human services organization committed to helping people grow in spirit, mind, and body. We are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community-based, and we try to make programs and services available to everyone. That is why we offer the OPEN DOORS program, which is designed to fit each individual's financial situation using a sliding fee scale, based on income and household size.

The Naugatuck YMCA requests that individuals complete and submit the attached form about income and household size so we can provide financial assistance in a fair and consistent manner. The YMCA also requires individuals to re-apply to renew their financial assistance. The ability to respond to requests for assistance is dependent upon the success of our fund raising projects and current operating finances.

If you do not re-apply when requested, your enrollment will end. Your fees are subject to increase when you re-apply due to membership rate changes.

please allow 10 Full business days (not including weekends or holidays) to process your application

Applicant: _____ New Applicant _____ Renewal Applicant

Current YMCA of Naugatuck Member: _____ Yes _____ No

Applying for: _____ Membership _____ Day Camp _____ Before & After School
(check all that apply) _____ Preschool _____ Other Program
(Please specify)

Membership category applying for:

Full Membership: a full member has use of all facilities and programs*.

(Select one)

Family Adult with child Family

Couples Couples

Seniors Senior Adult (65+) Senior Couple

Individuals Youth Adult (19-64) Young Adult

*College applicants, if still a family dependent, should include the total household income on the application including parent's income tax forms and pay stubs, as well as their own.

* Some programs are not covered under the Open Doors program

Applications will be processed ONLY after all information is submitted and the application is filled out completely. (all information will be strictly confidential.)

Personal Information

If you need assistance in completing this application, please ask for help at the Member Service Desk.

Name _____ Gender _____ Home Phone _____

Cell Phone _____ Email _____

Address _____ Apt. # _____

City _____ State _____ ZIP _____ Date of Birth _____

Are you married? _____ Yes _____ No Total number in household _____

List names (last names, too, if different from applicant), relationship, gender, and ages of all persons in the household. Your household includes dependents you claim on your federal income tax return.

Additional Family Members

1) _____ Relationship _____ Gender _____ Age _____ Date of Birth _____

2) _____ Relationship _____ Gender _____ Age _____ Date of Birth _____

3) _____ Relationship _____ Gender _____ Age _____ Date of Birth _____

4) _____ Relationship _____ Gender _____ Age _____ Date of Birth _____

5) _____ Relationship _____ Gender _____ Age _____ Date of Birth _____

preferred Method of contact: e-Mail _____ cell phone _____ Home phone _____

Income Worksheet

Employer _____ Work Phone _____

Position _____ Length of employment _____ Part-time _____ Full-time _____

Gross Monthly income (before taxes) _____

Other Adult's Employer _____ Work Phone _____

Position _____ Length of employment _____ Part-time _____ Full-time _____

Gross Monthly income (before taxes) _____

incOMe:

To process your application, we will need the following information for **all** adults living in the household to verify household income. Please submit COPIES of these documents:

- \$ _____ Federal 1040 Tax Return, first 2 pages (if you did not file, see note below) Handwritten copies not accepted.
NOTE: If you did not file or you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service 1-800-829-1040
- \$ _____ Self Employed attach Schedule C, D or E or appropriate tax forms
- \$ _____ Last two (2) paystubs (weekly, bi-weekly, monthly)
- \$ _____ Social Security Benefits/Disability Benefits
- \$ _____ Retirement/Pension Income
- \$ _____ Unemployment – (one month)
- \$ _____ State Assistance/TANF, with Food Benefits (ALL pages must be submitted)
- \$ _____ POC Authorization (or Denial Letter)
- \$ _____ Child Support
- \$ _____ Alimony
- \$ _____ Other Forms Applicable

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I verify that all the information provided is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days or my benefits from the OPEN DOORS program may end.

Signature of Applicant

Date

Revised 9/1/14

*If unable to support the above with documents, please submit bank statements showing 3 months of deposits.