



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALWAYS WELCOME AT THE Y

Open Door Program

Membership and Program
Financial Assistance

At the Y, strengthening community is our cause. Everyday, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

PENOBSCOT BAY YMCA
236.3375 • www.penbayymca.org



TELL US YOUR STORY

What benefits do you see in having financial assistance to join the Penobscot Bay YMCA and how can the YMCA help you and your family live a healthier, more active lifestyle?

Does the Penobscot Bay YMCA have your permission to use your story in donor letters, online newsletters and member e-blasts? No Yes

The Y will only use your first name, is this ok? No Yes

Would you like to remain anonymous? No Yes

Thank you for sharing your story!

SECTION 1: MAKING AN APPLICATION

The YMCA's Open Door program follows a sliding fee scale, designed to fit each individual'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.

I am applying for the following membership:

- Youth Young Adult Adult Adult Couple
 Senior Senior Couple Family Single Parent Family

The maximum amount that I can pay per month is \$ (required)

Do you wish to apply for program assistance with your membership? No Yes

If so, what program(s)?

SECTION 2: STATEMENT OF UNDERSTANDING

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

- | | |
|---|---|
| <input type="radio"/> I understand that the Penobscot Bay YMCA is a nonprofit organization and that financial assistance is made possible through the generosity of our donors and members. | <input type="radio"/> I agree to notify the Y if my financial situation improves so that my membership assistance can be re-evaluated, thus providing opportunities to others in need. |
| <input type="radio"/> I understand that my membership will expire one year from my join date. | <input type="radio"/> I understand that I must provide the Y with contact information changes (address, phone, email) as they occur. |
| <input type="radio"/> I understand that to submit my YMCA financial assistance form, I will need to provide updated income verification. I also understand that the processing of my membership can take up to two weeks. | <input type="radio"/> I understand that all YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. I further understand that strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. |
| <input type="radio"/> I understand that I must submit the requested documentation listed in Section 3 in order for my application to be reviewed. | |

..... *Please initial that you have read and understand each statement.*

SECTION 3: REQUESTING DOCUMENTATION

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

- | | |
|---|--|
| 1. Your most recent 1040 federal tax return (if you file "Married Filing Separately", please provide both returns) | 4. Documentation of any Federal Assistance such as food stamps, rent subsidy or Aid to Dependent Children TANF |
| 2. Social Security or Disability statement (or copy of bank statements showing amount of automatic monthly deposit) | 5. Child Support Agreement |
| 3. Alimony Income | 6. Unemployment Benefits Form |
| | 7. 401K/Retirement Funds |

SECTION 4: GENERAL INFORMATION

The YMCA Open Door Coordinator will determine financial assistance eligibility after thoroughly reviewing the application. Your application will not be processed until all required documents are provided. Please allow two weeks to process your application. You will be notified whether your application has been approved or if you need to submit additional information.

SECTION 5: APPLICANT INFORMATION (TOTAL HOUSEHOLD INCOME)

Applicant Name Applicant's D.O.B.
 Home Address Home Phone
 City State Zip Cell Phone
 Employer Work Phone
 Marital Status Single Married Other Phone
 Spouse Name..... Spouse D.O.B.
 Spouse Employer Work Phone
 Total number of dependents listed on your income per income tax return
 Are you currently a Y member? No Yes, at theYMCA
 Are you receiving assistance from another Y? No Yes, at theYMCA
 Have you ever applied for YMCA financial assistance in the past? No Yes
 Have you filled out the member application? No Yes
If no, please complete it and return with this application.

ADJUSTED GROSS HOUSEHOLD INCOME:

	APPLICANT	SPOUSE
Employment	\$.....	\$.....
Child Support	\$.....	\$.....
Government Assistance	\$.....	\$.....
Retirement/Pension	\$.....	\$.....
Other	\$.....	\$.....
Total Household Income	\$.....	



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.

Signature of applicant Date

FOR OFFICE USE ONLY

Reduced Rate Percentage Monthly Fee Date Approved
 Membership Type Staff Signature