



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

YMCA OF ALASKA OPEN DOORS APPLICATION

Thank you for applying for financial assistance through the YMCA Open Doors program. The YMCA of ALASKA is a nonprofit, community-based, health and human services organization that is committed to helping people achieve their full potential in spirit, mind and body. The YMCA's Open Doors program is available to people of all ages, backgrounds, abilities and incomes.

Each year the YMCA provides thousands of dollars in financial assistance to our community members in need. These funds are made possible through the generous donations from our members of the Helping Hands Club.

SECTION 1: MAKING AN APPLICATION

The YMCA's Open Doors program follows a sliding fee scale, designed to fit each individual's financial situation. In order to foster a sense of ownership in the YMCA, you will be asked to pay a portion of the fees.

Please select the membership type you are applying for:

The maximum amount that I can pay per month is: \$

Household Income (include income for anyone who is employed) _____

Adult II Individuals -

Two Adults in same household (18-61

Adults (18-61)

Youth (6-11) - Can not be in the facility w/o an adult

Student - Age 12-17

Student II youth in the same household, ages 12-17

Single Parent -One adult plus dependents

Family 2 -Two adults in same household plus dependents under the age of 18

Seniors Adults (62+)

Adjusted Annual Gross Income: \$ _____

(Form 1040, line 37 or Social Security/Disability or income from other sources)

SECTION 2: STATEMENT OF UNDERSTANDING

Please initial at the bottom that you understand. **I understand:**

- The YMCA of ALASKA is a nonprofit organization and that financial assistance is made possible through the generosity of donors and members.
- My subsidy will expire 1 year from approval date. I can request an automatic 1 year renewal prior to expiration.
- I will need to re apply after the end of my second year.
- I must submit requested documentation listed in Section 3 in order for my application to be reviewed and must notify the YMCA if my financial situation improves, so that my membership subsidy can be re-evaluated, thus providing more opportunities for others in need.
- Scholarships will be awarded on a first-come, first-served basis, subject to available funds and eligibility.
- Approval of your application does not assure placement or financial assistance within any other YMCA programs.
- All YMCA members receive the same membership 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 and is focused on the pillars of Youth Development, Healthy Living and Social Responsibility.

_____ **PLEASE INITIAL THAT YOU HAVE READ AND UNDERSTAND EACH STATEMENT ABOVE.**

SECTION 3: REQUESTED DOCUMENTATION

(applicants age 65 and older may skip this section and proceed to section 4)

In order to provide financial assistance in a fair and consistent manner, the following document in **BOX A** must be attached and included with your application. If income tax return does not reflect current income or does not file Tax Return, then **ALL** additional documents in **BOX B** will need to be included along with tax return/s or 4506T to apply for non-filing letter.

BOX A (tax return)

- ▶ Your most recent federal income tax return (if you are applying for family membership and you file "Married Filing Separately," please provide both returns)

BOX B (non-filing application & additional financial documents)

- ▶ Non-filing form 4506T (only if applicant states does not file Tax Return)
- ▶ Last two pay stubs/LES (military) OR Social Security or disability statements (or copy of bank statements showing amount of automatic monthly deposit)
- ▶ Documentation of any Federal Assistance such as food stamps, rent subsidy or Aid to Dependent Children cash assistance, TANF, DSS subsidy, etc.
- ▶ Child support agreement

NOTE: If you do not have any of the above documents required, you must submit a letter explaining your personal situation, as well as why you do not have documents.

All personal information will be kept confidential and secure.

SECTION 4: APPLICANT INFORMATION

Primary Adult (Please print legibly)

First, Middle & Last Name _____

Date of Birth _____ Phone _____ Email _____

Address (include apt # if applicable) _____

City _____ State _____ Zip _____

Are you age 65 or over? Yes No

Second Adult (living in same household)

First, Middle & Last Name _____

Date of Birth _____ Phone _____ Email _____

Dependents/Additional People (living in same household)

First, Middle & Last Name _____ DOB _____

First, Middle & Last Name _____ DOB _____

First, Middle & Last Name _____ DOB _____

First, Middle & Last Name _____ DOB _____

First, Middle & Last Name _____ DOB _____

INCOME VERIFICATION INFORMATION

Please list all gross MONTHLY income for all in the household ***You must attach your proof of income***

	Applicant	Spouse/SO	Total
Wages/Salary	\$	\$	\$
Child Support	\$	\$	\$
Other	\$	\$	\$
Total Income	\$	\$	\$

What Type of Programs Are You Interested In?

Camp __ Before/After School __ Swim Lessons __ Youth Sports __ Adult Sports __ Other

Please specify _____

SECTION 5: 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 further understand that I am applying for a financial assistance subsidy and that the subsidy will expire on the 1st of the month, one (1) year from approval date. Failure to provide updated income documentation when requested will result in the full membership fee being applied to my account.

I understand that expiration or revocation of my subsidy does not automatically cancel my membership and that I must provide the YMCA a 30-day written notice to cancel my membership.

Please note that your approval rate is pending verification from our management team.

Signature of applicant _____ Date _____

By checking this box, I am consenting to the use of my electronic signature and agree that the electronic signature is valid and has the same effect as an actual written signature on a paper copy of this document.

FOR OFFICE USE ONLY

Date _____

Household Adjusted Annual Gross Income \$ _____

Membership type _____ Approved Rate _____

__ Adult II Individuals -
 __ Two Adults in same household (18-61 Adults (18-61)

__ Youth (6-11) - Can not be in the facility w/o an adult
 __ Student - Age 12-17

__ Student II youth in the same household, ages 12-17

__ Single Parent -One adult plus dependents

__ Family 2 -Two adults in same household plus dependents under the age of 18

__ Seniors Adults (62+)

ACTIVITIES/PROGRAMS

Processor Name _____ Signature _____ Date _____