



OPEN DOORS FINANCIAL ASSISTANCE PROGRAM YMCA OF LINCOLN, NE

WHAT IS THE YMCA'S OPEN DOORS PROGRAM?

The Open Doors Financial Assistance program provides families, children and adults with financial assistance they need to obtain quality Child Care, Youth Programs, and Health and Wellness services.

WHO IS ELIGIBLE AND HOW IS THE AMOUNT DETERMINED?

Anyone is welcome to apply. The amount granted is based on the review of the required documentation provided by the applicant. Our program reduces fees, but does not eliminate them.

HOW DO I APPLY?

- All applications and documentation must be submitted online by computer or mobile device.
- Applications that do not have all required documentation attached will not be processed and the applicant will be notified by email to restart the process. If you receive this email notification, you will need to resubmit all of your information together in a new application as previously submitted information is not retained.

WHAT KIND OF DOCUMENTATION DO I NEED TO INCLUDE?

Below is a list of acceptable documents for income verification.

TAX INFORMATION

- Federal 1040 form – 2 pages. (no W-2's). If someone in the household is self-employed a schedule C form also needs to be included
- If you do not have a copy of the tax return, you can get one by calling the IRS at 800-829-1040 or visit their website at www.irs.gov.

EMPLOYMENT - PAYSTUBS

- Two current/consecutive paystubs showing gross pay from each working adult in the household. If paystubs are unavailable, a letter from the employer on letterhead stating the average number of hours per week and hourly wage is acceptable. Bank statements do not show gross pay and is not an acceptable form of documentation.

SOCIAL SECURITY/DISABILITY/SSI/VA

- A letter from the Social Security Administration or Veterans Affairs stating the current amount received or 2 months bank statements showing the amount deposited to your account.

RETIREMENT/PENSION/IRA/TRUST FUND INCOME

- Letter from the company or fund stating the amount and frequency that it's received, a monthly statement, or 1040 tax form lines 11 and 12 showing IRA/Pension income.

HOW WILL I KNOW IF I QUALIFIED?

Your online YMCA account will be updated after your application has been processed and a notification will be sent to the email address listed on your application. **Please allow up to 15 business days for your application to be processed.** Due to the high volume of applicants, refrain from calling to check the status of your application.

IF APPROVED, WILL MY ASSISTANCE AUTOMATICALLY BE APPLIED TO MY ACCOUNT?

- If you're new to the Open Doors Program, or renewing your information and your financial assistance discount either stays the same or increases, your new rates will automatically be applied for future use on your account.
- If you're a current member and your monthly membership rate will increase, we will NOT automatically renew your membership at the higher rate and your membership will end the last day of the month. At that time, if you wish to continue your membership at the higher rate you will need to contact your YMCA front desk.
- Please note: In situations of shared child custody, financial assistance percentage discounts will be available on the child's account and will be visible to either parent on receipts or online with a YMCA account.

CAN MY ASSISTANCE BE APPLIED TO PAST PROGRAMS AND MEMBERSHIP?

The YMCA will not apply financial assistance to past registrations or memberships.

IS ASSISTANCE AVAILABLE FOR YMCA CAMP KITAKI?

Due to the tiered pricing structure at YMCA Camp Kitaki, if additional assistance is needed, participants can apply for our Open Doors Program and could qualify for up to an additional 40% off.

WHEN DO I NEED TO REAPPLY?

You will need to reapply prior to your expiration date which can be found on your online YMCA account.



OPEN DOORS FINANCIAL ASSISTANCE APPLICATION YMCA OF LINCOLN, NE

PRIMARY ADULT

First Name: _____ Last Name: _____ Birthdate*: __/__/__ Gender: M F
Address: _____ Apt # _____ City/State/ZIP: _____
Primary Phone: _____ Email*: _____ (*required)

SECOND ADULT

First Name: _____ Last Name: _____ Birthdate*: __/__/__ Gender: M F
Relationship to Applicant: _____ Email: _____

DEPENDENTS AND ALL OTHER PERSONS LIVING IN THE HOUSEHOLD

List all other members of your household below. Only children who are born to you, legally adopted/guardian by you, or claimable on your taxes will be considered dependents. Children 19 years and older are considered dependents only if they live with you, are full-time students AND were claimed on your federal income taxes.

First Name	Last Name	Relationship	Birth Date*	Gender
				M F
				M F
				M F
				M F
				M F
				M F
				M F

FOR OFFICE USE ONLY:

Date received _____
Tax Year _____ Tax Income (line 22) _____ Approved _____ %
Gross Annual Income _____

Processed by _____ Date response _____

Exp ____/____/____

1. REQUESTING ASSISTANCE

PLACE A CHECK MARK IN ALL BOXES BELOW INDICATING WHICH AREAS YOU ARE INTERESTED IN RECEIVING ASSISTANCE FOR THIS YEAR

- Membership Martial Arts Child Care (Preschool, Before/After School Care, Summer Child Care)
 Swim Team Camp Kitaki Other Activities (Youth Sports, Swimming, Dance, Gymnastics, etc.)

2. REQUIRED TAX INFORMATION

PLACE A CHECK MARK IN FRONT OF THE STATEMENT THAT BEST DESCRIBES YOUR HOUSEHOLD'S TAX FILING SITUATION AND INCLUDE APPLICABLE TAX FORMS:

- I am an individual or file a joint tax return; I am providing ONE 1040 federal tax return form (and schedule 1 if applicable)
 We filed MORE THAN ONE federal tax return in our household. We are providing (#) _____ 1040 forms
 No one in the household files taxes.

3. TOTAL HOUSEHOLD WAGE INFORMATION

PLACE A CHECK MARK IN ALL APPLICABLE BOXES BELOW INDICATING ANY INCOME AND BENEFITS YOUR HOUSEHOLD RECEIVES. ALL INCOME MUST BE VERIFIED BY ATTACHED COPIES OF DOCUMENTATION.

- Two or more adults in the household are currently employed. I have included 2 current paycheck stubs that list gross income from each adult.
 One adult in the household is currently employed. I have included 2 paycheck stubs from the employed individual that lists gross income.
 I, or someone in my household receives Social Security, disability, Veterans Benefit, or SSI. I have included a benefits letter or a current bank statement showing the amount received each month.
 I, or someone in my household receives Retirement/Pension/IRA or Trust Fund income. I have included the most recent statement or other documentation showing the amount received each month.
 No one in the household is currently employed.
 I am claimed as a dependent by my parents/guardian on their Federal tax return. I have included a copy of my parents' income tax return and understand that my application will be reviewed based on both annual gross I incomes.

4. BENEFITS AND OTHER INCOME INFORMATION

PLACE A CHECK MARK IN ALL APPLICABLE BOXES BELOW INDICATING ANY OTHER INCOME AND BENEFITS YOUR HOUSEHOLD RECEIVES. WRITE THE DOLLAR AMOUNT THAT IS RECEIVED MONTHLY IN THE SPACE PROVIDED.

Unemployment	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$ _____ monthly
Child Support/ADC or Alimony	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$ _____ monthly
SNAP Benefits (Food Stamps)	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$ _____ monthly
Foster Care/Ward of State Income	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$ _____ monthly
Student Loan Refund	Yes <input type="checkbox"/>	No <input type="checkbox"/> \$ _____ monthly

5. NO INCOME SITUATIONS

IF YOU'VE INDICATED THAT THERE IS CURRENTLY NO INCOME OR BENEFITS IN YOUR HOUSEHOLD, PLEASE ATTACH A BRIEF STATEMENT SPECIFYING HOW YOU ARE CURRENTLY MEETING YOUR BASIC NEEDS.