



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALWAYS WELCOME AT THE Y

Open Doors Financial Assistance for YMCA Membership

At the Y, 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. Each year, we provide over \$6 million in financial assistance locally, thanks to generous gifts from our members and donors to the Y's annual giving campaign, grants and special events.

Thank you for applying for financial assistance through our **Open Doors** program. If you are applying for child care or other programs, please see Member Services for the **Open Doors for Child Care and Programs** application or download it from ymcashr.org.



YMCA OF SOUTH HAMPTON ROADS

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 Y, you will be asked to pay a portion of the fees.

Our current membership fees are as follows: Individual \$ _____ Married Couple \$ _____ Family \$ _____

I am applying for Open Doors assistance for: Individual Married Couple Family. The maximum amount that I can pay per month is \$ _____ (required)

YMCA Family Center _____

Are you currently a YMCA member? Yes, at _____ No

Are you receiving financial assistance from the YMCA of South Hampton Roads? Yes, at the _____ YMCA. No

Have you applied for financial assistance from the YMCA of South Hampton Roads in the past 12 months? Yes No

If yes, at what location? _____

Have you filled out the membership application? Yes No If no, please complete it and return it with this application.

My circumstances are temporary. I will need financial assistance until _____. Please attach a letter of explanation.

SECTION 2: STATEMENT OF UNDERSTANDING

Open Door awards are funded by donations to the Y's annual campaign, which provides subsidies for qualifying applicants. Please read and check off each statement and initial at the bottom that you understand.

- | | |
|--|---|
| <input type="checkbox"/> I understand that the YMCA of South Hampton Roads is a nonprofit organization and that financial assistance is made possible through the generosity of donors and members. | <input type="checkbox"/> I understand that scholarships will be awarded on a first-come, first-served basis, subject to available funds and eligibility. |
| <input type="checkbox"/> I understand that to maintain my subsidy, the YMCA may, upon request, require updated financial information. I will be afforded at least 30 days to provide information when requested. Failure to do so may lead to the revocation of my subsidy or termination of membership. | <input type="checkbox"/> I understand that I must provide the Y with contact information changes (address, phone, email) as they occur. I should also receive and retain a copy of the member action form indicating any changes made to my membership. |
| <input type="checkbox"/> I agree to notify the Y if my financial situation improves, so that my membership subsidy can be re-evaluated, thus providing more opportunities for others in need. | <input type="checkbox"/> I understand that I also must complete and sign a membership application, indicating acceptance of all membership policies and terms. |

I have read and understand each statement.

Signature of applicant _____ Date _____

SECTION 3: REQUESTED DOCUMENTATION

All personal information will be kept confidential and secure. To help us provide a fair and consistent subsidy, please attach the following documents that apply to you to help us understand your needs:

1. Your most recent 1040 federal income tax return (if you file "Married Filing Separately," please provide both returns) or statement of non-filing (T-4506) AND
2. Last two pay stubs/LES (military) or Social Security or disability statement (or copy of bank statements showing amount of automatic monthly deposit) AND
3. Business income tax return, if self-employed AND
4. Documentation of any Federal Assistance such as food stamps, rent subsidy or Aid to Dependent Children, TANF, AND
5. Child support agreement AND
6. DSS child care assistance

Note: If you cannot provide current income verification documentation, or if you have zero income or negative income, the Y may be unable to process your Open Doors Application. If you (and your spouse) do not work, receive any financial assistance or are not required to file taxes, please attach a letter of explanation detailing how you are financially supported.

SECTION 4: GENERAL INFORMATION

A YMCA associate will determine financial assistance eligibility after thoroughly reviewing the application. Your application will not be processed until all required documents are provided. Please allow one week to process your application. You will be notified within one week whether your application has been approved or if you need to submit additional information.

SECTION 5: APPLICANT INFORMATION

Applicant's Name _____ Applicant's Date of Birth _____

Home Phone _____ Cell Phone _____

Employer _____

Marital Status Single Married

Spouse's Name _____ Spouse's Date of Birth _____

Spouse's Employer _____ Work Phone _____

Are you 65 years old or older? Yes No

If 65 or older, please complete income section to the right, however, documentation is not required. Proof of age may be required.

SECTION 6: HOUSEHOLD INCOME

Did you file a tax return this year? Yes No Total number of dependents on income tax return (line 6d) _____

Total Household Gross Income (per tax return): (from 1040 line 22 plus line 20a, 1040A line 15 or 1040EZ line 4) _____

Can anyone else claim you as a dependent? Yes No If yes, who claims you? _____

GROSS HOUSEHOLD INCOME: Enter **MONTHLY** income where indicated and answer questions as applicable.

				Monthly Income
1.	Applicant's monthly average earnings (include all jobs)			\$
2.	Spouse's monthly average earnings (include all jobs)			\$
3.	Do you or your spouse receive monthly child support or alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list monthly amount	\$
4.	Do you or your spouse receive monthly social security or benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list monthly amount	\$
5.	Do you or your spouse receive monthly pension/retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list monthly amount	\$
6.	Do you or your spouse receive monthly non-taxable compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list monthly amount	\$
7.	Do you or your spouse receive SNAP (food stamps) assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list monthly amount	\$
8.	Do you or your spouse receive child care TANF assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list monthly amount	\$
9.	Do you or your spouse receive government rent allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list monthly amount	\$
10.	Do you or your spouse receive other assistance? (Please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list monthly amount	\$
Total Monthly Gross Income & Financial Support (add lines 1 through 10)				\$

OTHER INCOME: Enter **YEARLY** income where indicated and answer questions as applicable.

				Yearly Income
11.	Self Employment Income. Enter amount from Tax Schedule C (Profit & Loss), line 7			\$
12.	Do you or your spouse receive tuition assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list yearly amount	\$
Total Other Income (add lines 11 through 12)				\$

SECTION 7: 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 the YMCA may, upon request, require updated financial information to maintain my subsidy. Failure to provide updated income documentation when requested may result in the full membership fee being applied to my account or termination of membership.

I understand that, in accordance with membership policy, all membership rates are subject to change with 30 days written notice.

Signature of applicant _____ Date _____

OPEN DOORS PROCESSOR ASSESSMENT—FOR YMCA USE ONLY

Documented Annual Income (from all sources)	\$	Certified Processor/Membership Director comments:
OD Rate Per Scale	\$	
*Extenuating Circumstance	\$	
Subtotal of OD Rate minus extenuating circumstances	\$	
Rate Member Can Pay (from page 2)	\$	
Membership Type: (please circle) ODI ODMC ODF		
Full Rate for Type Circled Above	\$	
Approved Monthly Subsidy	\$	
Approved Amount Member Will Pay (full rate - subsidy)	\$	
As the certified processor of this Open Doors application, I have verified all documentation submitted by the applicant and all calculations made by the applicant on this form.		
Certified Processor (print name)	Signature	Date
Membership Director (print name)	Signature	Date
*Executive Director (print name)	Signature	Date

CHESAPEAKE

Great Bridge/Hickory Family YMCA
633 S. Battlefield Boulevard
Chesapeake, VA 23322
P 757 546 9622

Greenbrier Family YMCA
1033 Greenbrier Parkway
Chesapeake, VA 23320
P 757 547 9622

**Greenbrier North YMCA
Wellness & Racquetball Center**
2100 Old Greenbrier Road
Chesapeake, VA 23320
P 757 366 9622

Taylor Bend Family YMCA
4626 Taylor Road
Chesapeake, VA 23321
P 757 638 9622

EASTERN SHORE

Eastern Shore Family YMCA
26164 Lankford Highway
Onley, VA 23418
P 757 787 5601

FRANKLIN

James L. Camp, Jr. Family YMCA
300 Crescent Drive
Franklin, VA 23851
P 757 562 3491

NORFOLK

Blocker Norfolk Family YMCA
312 West Bute Street
Norfolk, VA 23510
P 757 622 9622

Dominion Tower YMCA
999 Waterside Drive, 4th Floor
Norfolk, VA 23510
P 757 627 4124

The Y on Granby
2901 Granby Street
Norfolk, VA 23504
P 757 965 2322

NORTH CAROLINA

Albemarle Family YMCA
1240 N. Road Street
Elizabeth City, NC 27909
P 252 334 9622

Currituck Family YMCA
130 Community Way
Barco, NC 27917
P 252 453 9632

Outer Banks Family YMCA
3000 South Croatan Highway
Nags Head, NC 27959
P 252 449 8897

PORTSMOUTH

Effingham Street Family YMCA
1013 Effingham Street
Portsmouth, VA 23704
P 757 399 5511

SUFFOLK

Suffolk Family YMCA
2769 Godwin Boulevard
Suffolk, VA 23434
P 757 934 9622

VIRGINIA BEACH

Hilltop Family YMCA
1536 Laskin Road
Virginia Beach, VA 23451
P 757 422 3805

Indian River Family YMCA
5660 Indian River Road
Virginia Beach, VA 23464
P 757 366 0488

Mt. Trashmore Family YMCA
4441 South Boulevard
Virginia Beach, VA 23452
P 757 456 9622

YMCA OF SOUTH HAMPTON ROADS

P 757 962 5555 W ymcashr.org

Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.