

HERE FOR ALL

YMCA OF LINCOLN FINANCIAL ASSISTANCE PROGRAM



WHAT IS THE OPEN DOORS PROGRAM?

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

WHO IS ELIGIBLE AND HOW IS THE AMOUNT DETERMINED?

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

HOW DO I APPLY?

- All applications and documentation can be submitted online by computer or mobile device, or dropped off at any Lincoln YMCA location.
- Incomplete applications will receive an email notification to restart the process and attach all the appropriate documentation. 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 (W-2s are NOT accepted).
- Self-employed applicants need to submit a previously filed federal tax form 1040 and Schedule C.

EMPLOYMENT – PAYSTUBS

- Two current paystubs showing gross pay for each working adult in the household.
- If paystubs are unavailable, a letter from the employer on company letterhead stating the average number of hours worked per week and hourly wage is acceptable.

SOCIAL SECURITY/DISABILITY/SSI/VA

- A letter from the Social Security Administration or Veterans Affairs stating the current amount received OR two recent bank statements showing the amount deposited to your account each month.

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.

WHEN WILL I KNOW IF I QUALIFIED?

Applications may take up to 15 business days to process. Due to the large number of applications, we ask that you please refrain from calling to check on the status of your application. After your application has been processed, an email will be sent to you regarding the results of your financial assistance request.

ymcalincoln.org/opendoors

IF APPROVED, WILL MY FINANCIAL 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 YMCA Member and your monthly membership rate will increase due to a decrease in financial assistance awarded, 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 to confirm the new rate.
- 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.

WILL MY FINANCIAL ASSISTANCE APPLY TO THE JOINER FEE?

If you qualify for the Open Doors Financial Assistance program, discounts will not apply to the Joiner Fee. You will be responsible for paying the full Joiner Fee at the time of joining.

CAN MY FINANCIAL ASSISTANCE BE APPLIED TO PAST PROGRAMS AND MEMBERSHIP?

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

IS FINANCIAL ASSISTANCE AVAILABLE FOR YMCA CAMP KITAKI?

YMCA Camp Kitaki has a tiered pricing structure allowing families to choose the price that works best for them. If additional assistance is needed, participants can apply for our Open Doors program and could qualify for up to an additional 50% 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.

HERE FOR ALL

YMCA OF LINCOLN FINANCIAL ASSISTANCE APPLICATION



The application must be completed in full. Do NOT leave anything blank.

PRIMARY ADULT

First Name: _____ Last Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____ Gender (circle one): M F

SECOND ADULT (optional)

First Name: _____ Last Name: _____ Date of Birth: ____/____/____

Relationship to Applicant: _____ Email: _____ Gender (circle one): M F

THIRD ADULT (optional)

First Name: _____ Last Name: _____ Date of Birth: ____/____/____

Relationship to Applicant: _____ Email: _____ Gender (circle one): M F

DEPENDENTS AND ALL OTHER PERSONS LIVING IN THE HOUSEHOLD

List all 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 19-25 are considered dependents only if they live with you, are a full-time student, AND were claimed on your federal income taxes.

First Name	Last Name	Relationship	Date of Birth	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 11): _____

Approved _____%

Gross Annual Income: _____

1. REQUESTING FINANCIAL ASSISTANCE

Place a check mark in all boxes below indicating which areas you are interested in receiving assistance for at this time.

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

2. REQUIRED TAX INFORMATION

Place a check mark in front of the statement that best describes your household's tax filing situation and INCLUDE ALL APPLICABLE TAX FORMS. W-2s are not accepted.

- I filed an individual or joint tax return; I am providing ONE 1040 federal tax return form
 We filed MORE THAN ONE federal tax return in our household. We are providing (#) _____ 1040 forms
 I am self-employed and have included my 1040 tax form and my Schedule C
 No one in the household files taxes. Please explain: _____

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 two current paycheck stubs that list gross income from each adult.
 One adult in the household is currently employed. I have included two paycheck stubs from the employed individual that lists gross income.
 I, or someone in my household, receives Social Security, Disability, Veterans Benefits, 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 parent/guardian on their federal tax return. I have included a copy of my parents'/guardians' income tax return and understand that my application will be reviewed based on both annual gross 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.