



YMCA OF LINCOLN

# OPEN DOORS FINANCIAL ASSISTANCE PROGRAM

APPLICATION

## APPLICANT INFORMATION

(Primary Applicant – Must be age 18+)

First Name

Address

Last Name

City

State

ZIP

Date of Birth (dd/mm/yyyy) / /

Phone Number

Sex

☐

Male

☐

Female

Email

## HOUSEHOLD MEMBERS

List all individuals living in your household, including dependents, who reside with you at least 50% of the time. Additional documentation may be requested to confirm residence.

Full Name

Relationship

Date of Birth

Sex

☐ M ☐ F

☐ M ☐ F

☐ M ☐ F

☐ M ☐ F

☐ M ☐ F

☐ M ☐ F

☐ M ☐ F

☐ M ☐ F

☐ M ☐ F

☐ M ☐ F

## FINANCIAL ASSISTANCE REQUEST

Check all that apply

☐ Membership

☐ YMCA Programs

☐ YMCA Camp Kitaki

## APPLICATION TYPE

Choose one

☐ **Fast-Track Assistance (35%)**

Submit this form with proof of **one** of the following (no income documents required): **Medicaid, SNAP (Food Stamps), Child Care Subsidy, Aid to Families with Dependent Children (AFDC), Low Income Home Energy Assistance Program (LIHEAP)**

☐ **Traditional Assistance (10–50%)**

Submit this form with supporting income documentation listed on **page 2**.

# REQUIRED DOCUMENTS FOR TRADITIONAL FINANCIAL ASSISTANCE

Please include copies of the following as applicable to your household. If you do not have income or do not file taxes, please provide a brief explanation below.

TAX DOCUMENTATION

Choose one

- ☐ Most recent federal 1040 tax form (2 pages)
- ☐ Household members do not file taxes

Why?

INCOME VERIFICATION

Choose all that apply, and provide ALL applicable documentation

- ☐ **Employment Income** – Two recent paystubs per employed adult or employer letter with average hours worked per week and hourly wage
- ☐ **Self-Employment Income** – Schedule C (Tax Form 1040)
- ☐ **Government Benefits** – Social Security/Disability/SSI/VA benefit letter or 2 months bank statements
- ☐ **Retirement Income** – Retirement/Pension/IRA documentation
- ☐ **No current income** – Provide a brief statement in the space below specifying how you are currently meeting your basic needs

Brief Explanation

BENEFITS & OTHER INCOME (If Applicable)

In the space provided, write the dollar amount that is received monthly for any other income and benefits your household receives.

Unemployment	\$	/month	Foster Care/Ward Income	\$	/month
Child Support/Alimony	\$	/month	Student Loan Refund	\$	/month
SNAP	\$	/month			

Are there any additional considerations you would like us to be aware of?