



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CANNON MEMORIAL YMCA

Open Doors Financial Assistance Information

The YMCA of Cabarrus County is a non-profit agency serving the needs of our community. Our mission is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all. In order to extend participation to more of the community, we provide assistance to those in financial need.

ELIGIBILITY:

We consider household income and number of legal dependents as primary criteria for assistance.

PROGRAM:

- ❖ The YMCA believes that a sense of ownership and pride is developed if the member contributes to the cost of his/her involvement. Therefore, all financial assistance recipients will pay a percentage of the membership and program fees (financial assistance is not applied to personal training, massage, or private swim lessons).
- ❖ Financial Assistance is granted for six months to one year, depending on the circumstances. Upon expiration, the recipient must reapply with current information for the upcoming cycle.

HOW TO APPLY

Applicants must complete **ALL SECTIONS** of the Financial Assistance Application to be considered. Documentation from all sources of income must be provided. The following items must be included with the application:

PROOF OF INCOME

1. Two recent paycheck stubs (include spouse's if applicable)

PROOF OF DEPENDENTS (ONE OF THE FOLLOWING)

1. 1st page of federal tax return (the 1040 form listing children/dependents by name)
2. Birth Certificates

IF APPLICABLE, PLEASE ALSO INCLUDE THE FOLLOWING:

- ❖ Social Security benefit statement
- ❖ Disability benefit statement
- ❖ Unemployment benefit statement
- ❖ Student loan statement
- ❖ Child support statement
- ❖ Food stamp statement
- ❖ Temporary visa/residence card

PROCESSING: Please allow at least three (3) weeks for your application to be processed. All information contained in the Financial Assistance Application will remain confidential.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

NEXT PAGE



The YMCA is a non-profit organization committed to helping people grow in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities, races, genders and incomes.

The Open Doors program is made possible by generous donations to the Y CARES campaign and from local individuals and businesses who believe in our mission.

I. APPLICANT'S CONTACT INFORMATION

Applicant's Name: _____ Date of Birth: _____
Marital Status: Single Married Divorced Separated
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () _____ Cell: () _____
Email Address: _____

Applicant's Employer: _____ How Long Employed: _____
Work Phone: () _____

*Can you provide documentation of your legal residency in the USA? _____

II. SPOUSE INFORMATION (If applicable)

Spouse's Name: _____ Date of Birth: _____
Applicant's Employer: _____ How Long Employed: _____
Work Phone: () _____

*Can your spouse provide documentation of his or her legal residency in the USA? _____

III. ASSISTANCE REQUEST

- 1. Is this a **NEW** or a **RENEWAL** Application?
- 2. Which YMCA are you applying for?
 Kannapolis West Cabarrus
 Harrisburg Harrisburg Express
- 3. Are you requesting assistance for a membership? Yes No, I only need programming assistance
If yes, what type of membership are you requesting?
 Youth 2 Adult Adult Household Single Senior
 Young Adult 1 Adult & Children Senior Couple
- 4. Are you requesting assistance for programs? If so, check one or more:
 Afterschool Summer Camp Other Youth Programming (sports, dance, aquatics, etc.)
 Other (specify) _____



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

IV. DEPENDENTS IN HOUSEHOLD

CHILDREN AND DEPENDENTS OF HOUSEHOLD			
NAME	MALE OR FEMALE	RELATIONSHIP	DATE OF BIRTH

IV. HOUSEHOLD INCOME

TOTAL HOUSEHOLD INCOME

- Are you employed? Yes No \$_____per month
- Is your spouse employed? Yes No \$_____per month
- Are any of your children employed? Yes No \$_____per month
- Do you or your spouse receive unemployment benefits? Yes No \$_____per month
- Are you receiving Social Security Benefits? Yes No \$_____per month
- Are you receiving Spousal Support? Yes No \$_____per month
- Are you receiving Child Support? Yes No \$_____per month
- Are you receiving ADC (Aid to Dependent Children)? Yes No \$_____per month
- Are you receiving Food Stamps? Yes No \$_____per month
- Are you receiving Veterans/Disability Benefits? Yes No \$_____per month
- Are you receiving any other forms of Income? Yes No \$_____per month

WHAT IS THE TOTAL ANNUAL INCOME OF YOUR HOUSEHOLD? \$_____per year



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

IV. HOUSEHOLD EXPENSES

TOTAL HOUSEHOLD EXPENSES

What is your monthly rent/mortgage? Rent Mortgage \$_____per month

Auto Loan \$_____per month

Utilities (not including phone) \$_____per month

Phone (listed in your name) \$_____per month

Child Support \$_____per month

Required and Necessary Medical Expenses \$_____per month

Child Care \$_____per month

Other (please explain) _____ \$_____per month

V. OTHER INFORMATION

1. Would you be willing to share your story for Y marketing purposes? Yes No Tell me more
2. Can we take a photograph of you or your family to be used with your story? Yes No

I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of changes in information given in this application such as income, address, living arrangements, marital status or other matters that might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can and may result in immediate suspension of membership and program privileges.

Signature (Parent or Legal Guardian if applicant is a Minor) Date

DON'T FORGET...
YOU MUST ATTACH A COPY OF THE REQUESTED PAPERWORK FROM THE FRONT PAGE.

Other Comments/Concerns: _____

OPEN DOORS COORDINATORS:

Kannapolis Branch:
Cassie White
(P) 704-939-9622 x716
kopendoors@cannonymca.org

West Cabarrus Branch:
Calley Biagi
(P) 704-795-9622 x221
wcopendoors@cannonymca.org

Harrisburg Branch:
Lina Hammonds
(P) 704-454-7800 x327
hopenoors@cannonymca.org