



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **OPEN DOORS MAKING AN IMPACT**



**An assistance program that opens the Y to all.**

**Please review and complete the Open Doors application carefully. Applications take 2-3 weeks to process, once all the required documentation is received and keep in mind that the YMCA does not make photocopies. Incomplete applications will not be reviewed.**

**QUESTIONS CAN BE DIRECTED TO THE FINANCIAL AID VOICEMAIL AT (203)754-9622 EXTENSION 300 OR TO THE FOLLOWING EMAILS: [RGIL@WATERBURYYMCA.ORG](mailto:RGIL@WATERBURYYMCA.ORG), [JFELICIANO@WATERBURYYMCA.ORG](mailto:JFELICIANO@WATERBURYYMCA.ORG), [ZTORRES@WATERBURYYMCA.ORG](mailto:ZTORRES@WATERBURYYMCA.ORG), AND [FD2@WATERBURYYMCA.ORG](mailto:FD2@WATERBURYYMCA.ORG)**

**Greater Waterbury YMCA 136 West Main Street 203.754.9622 [www.waterburryymca.org](http://www.waterburryymca.org)**



It is the policy of the YMCA of Greater Waterbury to provide services within the limits of our resources to anyone who wishes to participate in our programs and understand the benefits of the Y, regardless of his/her ability to pay the standard fees.

We also believe that a strong sense of ownership and pride is developed if the recipient contributes to the cost of his/her YMCA involvement. Therefore, all applicants will be asked to pay a portion of the fees involved.

You must legally reside in the Greater Waterbury YMCA service area to be eligible:  
Waterbury, Wolcott, Prospect, Thomaston, Watertown, Woodbury, Middlebury Southbury, Bethlehem, or Oakville.

Please complete the entire form, sign and date it. All information is confidential. Incomplete applications will not be accepted. Please allow 2-3 weeks for processing.

**Primary Adult (Please print)**

First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

(All Communication will be done via email)

**Household Members at the Residence (Including Primary)**

First & Last Name	Relationship (Spouse, Child, etc.)	Date of Birth (MM/DD/YYYY)	Check if Claimed on form 1040 as a dependent

**\*If applying for a Child Care Services applicant MUST apply to Care4Kids first.**

**\*\*Note that financial aid only covers up to four weeks of camp.**

**What programs are you applying for? Please check all that apply.**

Membership:  Adult  Youth  Teen  College  Young Adult  Family  Family Couple  
 Single Parent Family  Senior  Senior Couple

Programs:  Swim Lessons/Youth Sports  Day Camp  Child Care/School Readiness Program



Please provide income verification for all adult members of household. If married and filing separately, you must also provide spouse's information. Note that supporting documents will not be returned, please only enclose photocopies.

Please attach appropriate qualifying documents from your Income Documentation Checklist and list the amounts that you receive below:

Please list your MONTHLY Income for each category

- Unemployment payments monthly amount \$ \_\_\_\_\_
- Child Support verification for all dependents \$ \_\_\_\_\_
- Paystubs \$ \_\_\_\_\_
- Retirement \$ \_\_\_\_\_
- Social Security \$ \_\_\_\_\_
- Disability (DSI) \$ \_\_\_\_\_
- Food Stamps for all household members receiving them \$ \_\_\_\_\_
- DSS awards \$ \_\_\_\_\_
- Foster Care Income \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

Are you interested in VOLUNTEERING?  Yes  No

Are there any other factors that we should take into consideration when evaluating your need for assistance?

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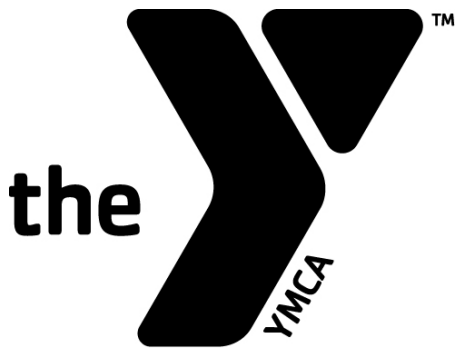
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**Acknowledgement**

I am requesting assistance from the Y and I certify that all information submitted above is complete and accurate. I understand and acknowledge that as a participant in the YMCA Financial Assistance Program, I may be expected to provide proof of income every 12 MONTHS, or at the start of a new program session. If I do not verify information every 12 months, or at the start of a new program session, as requested, my rate will be subject to increase to the published rate that does not require income verification. If my situation changes, I agree to notify the Y. If I submit false or inaccurate information or fail to notify the Y of a change within 30 days, I may be terminated from the YMCA Financial Assistance Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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The YMCA will only accept COPIES of these documents. The YMCA cannot process incomplete applications and will not accept documentation that is incomplete.

Household Income Documentation that are required: (Must be provided)

- Most current 1040 Federal and State Tax Return. (Only need the two front pages of 1040)  
NOTE: If any minor dependent living in the household is not listed on the 1040 tax return, a birth certificate is required.
- Paystubs NOTE: Applies to all employed household members, if member gets paid weekly provide four current paystubs, and if member gets paid bi-weekly provide two most current paystubs.
- Social Security letter (Letter can be requested at Social Security Office).  
NOTE: If receiving SSI no tax return is required.
- Cash Assistance

Household Income Must Include if Applicable:

- Child Support verification, for all minor dependents in the household. NOTE: If no Child Support is received a letter must be provided from the support enforcement services, stating that there is no pending case. Child Support Enforcement Address: 11 Scovill Street Waterbury CT, 60706.
- Foster Care Income, if applicable
- Retirement income, if applicable.
- Food Stamps for all household members receiving them, if applicable (If you receive food stamps provide all pages) NOTE: You will not qualify if you only receive food stamps.
- DSS awards if applicable (Provide all pages)
- Budget letter from State

Office use only: Date received \_\_\_\_\_ Staff Signature \_\_\_\_\_