



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## GREATER WATERBURY YMCA OPEN DOORS APPLICATION

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.

### PARTICIPANT / HOUSEHOLD INFORMATION:

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

(ALL COMMUNICATION WILL BE DONE VIA EMAIL)

### MEMBERSHIP and/or PROGRAM TYPE (circle applicable membership and/or program)

CHILD CARE*	ADULT	YOUTH/ TEEN	SWIMMING LESSONS	YOUNG ADULT
CAMP**	SENIOR	ADULT/ SENIOR COUPLE	SINGLE PARENT FAMILY	FAMILY

### HOUSEHOLD MEMBERS AT THIS RESIDENCE (INCLUDING SELF)

First & Last Name	Relationship (Spouse, Child, etc.)	Date of Birth MM/DD/YY	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.



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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.

MONTHLY HOUSEHOLD INCOME: \$ \_\_\_\_\_

**REQUIRED VERIFICATION DOCUMENT** -Please circle the one(s) you are providing

- |  |                              |
|--|------------------------------|
| 1040 TAX FORM (FIRST TWO PAGES ONLY)     | SOCIAL SECURITY (SSI) LETTER |
| SECTION 8 HOUSING AND/OR CASH ASSISTANCE | DISABILITY (DSI) LETTER      |

**MUST INCLUDE IF APPLICABLE- ADDITIONAL FORMS OF INCOME VERIFICATION**

- |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|
| FOOD STAMPS (SNAP)    | UNEMPLOYMENT PAYMENTS | PAY STUBS (TWO WEEKS) |
| DSS LETTER            | CHILD SUPPORT         | FOSTER CARE INCOME    |
| WORKER'S COMPENSATION | RETIREMENT INCOME     | ALIMONY               |

Are you interested in VOLUNTEERING? Yes\_\_\_\_ No\_\_\_\_

In order to assist as many families as possible, we generally offer a maximum of 75% off the published rate. Please share any other circumstances that may help us understand your situation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**QUESTIONS CAN BE DIRECTED TO THE FINANCIAL AID VOICEMAIL AT (203)754-9622 EXTENSION 147 OR TO [RGIL@WATERBURYYMCA.ORG](mailto:RGIL@WATERBURYYMCA.ORG). PRIMARY FORM OF CONTACT IS EMAIL. NOTE THAT APPLICATIONS TAKE 2-3 WEEKS TO PROCESS. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.**

Office Use Only: Date Received \_\_\_\_\_ Staff Signature \_\_\_\_\_