



MAKING AN IMPACT

Greater Waterbury YMCA

Serving: Waterbury, Wolcott, Watertown, Bethlehem, Woodbury, Southbury, Prospect, Thomaston and Middlebury.

OPEN DOORS APPLICATION

New **Renewal**

Applications can be dropped off at 63 Prospect Street Waterbury, CT 06702

Primary Adult

Name: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Phone Number: _____

All Persons Living in The Household

Name	Relationship	Date of Birth	Age	Gender

Type of Assistance Requested:

Membership: 1 Adult 2 Adults 2 Adults + Children 1 Adult + Children Senior Senior Couple
 Programs: **Camp School Age Childcare Swim Lessons School Readiness

Monthly Income: Include COPIES of Documentation of Income.

Please note that if you only receive SNAP, you will not qualify for assistance. Your application will be denied.

Unemployment: _____ Social Security: _____
 Child Support: _____ SNAP: _____
CHILD SUPPORT VERIFICATION LETTER WILL BE REQUIRED.
 Employment: _____ TFA, Cash Assistance: _____
2-3 PAYSTUBS ARE REQUIRED AS PROOF OF EMPLOYMENT
 Pension or Retirement: _____ Other: _____
 Disability: _____ Other: _____

To qualify for assistance we require you to provide your tax return from the prior year or SSI, DSI or Cash Assistance. If you cannot provide this documentation, your application will be denied

Tell us more: Use this space to include any additional information or extenuating circumstances that were not included on the form.

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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Sliding Scale: To see if you qualify for the financial assistance program, please see the below sliding scale.

Membership or Program Discount

Family Size	75%	70%	60%	50%	40%	30%	20%	10%
1	\$19,578	\$21,084	\$22,590	\$24,096	\$25,602	\$27,108	\$28,614	\$30,120
2	\$26,572	\$28,616	\$30,660	\$32,704	\$34,748	\$36,792	\$38,836	\$40,880
3	\$33,566	\$36,148	\$38,730	\$41,312	\$43,894	\$46,476	\$49,058	\$51,640
4	\$40,560	\$43,680	\$46,800	\$49,920	\$53,040	\$56,160	\$59,280	\$62,400
5	\$47,554	\$51,212	\$54,870	\$58,528	\$62,186	\$65,844	\$69,502	\$73,160
6	\$54,548	\$58,744	\$62,940	\$67,136	\$71,332	\$75,528	\$79,724	\$83,920
7	\$61,542	\$66,276	\$71,010	\$75,744	\$80,478	\$85,212	\$89,946	\$94,680
8	\$68,536	\$73,808	\$79,080	\$84,352	\$89,624	\$94,896	\$100,168	\$105,440

**Based on <https://aspe.hhs.gov/poverty-guidelines>

Office Use:

Approved: _____ Yes _____ No _____ Date

Added to OneDrive Spreadsheet: _____

% of Approval: _____

Mailed Letter? _____ Yes _____ No _____ Date

Scanned & Uploaded: _____

Emailed Letter? _____ Yes _____ No _____ Date

Communication with Member:

Date	Staff Name	Message/Communication