

# YMCA of Cass and Clay Counties

## Open Doors Income Based Membership

**Confidential**

**Our Mission:** The YMCA of Cass and Clay Counties is a not-for-profit community service organization dedicated to enhancing the spirit, mind and body of all persons through quality leadership, programs, services and facilities.

**Our Service to the Community:** The YMCA of Cass and Clay Counties offers quality, affordable programs and services designed to benefit people of all incomes and backgrounds. Thanks to many generous community supporters, our YMCA provides an Open Door to all in the community through the financial assistance program. The United Way also grants funds to the YMCA each year to assist individuals and families with membership, childcare, YMCA programs, and camp using a sliding scale. All participants at the YMCA are required to contribute to the cost of their YMCA membership; as a result, members develop a sense of caring, belonging, and ownership. Individual and Family financial awards are granted to the extent of resources available.

### **Income Verification Guidelines**

**Financial assistance applicants must provide the following financial verification:**

1. Most recent income tax return (*Not W-2 Forms*)\*
2. Last two paycheck stubs

***Applications that do not include the required financial verification will not be considered for a reduced fee YMCA membership.***

\*Applicants who do not have their federal tax return may go to the IRS office at the Federal Building in downtown Fargo to receive a free statement that verifies they have filed their return as required by law.

### **EXCEPTIONS/ADDITIONS TO THE ABOVE ARE AS FOLLOWS:**

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1. **Individuals on Government Assistance:** Please submit Notice of Decision (with names of all eligible family members) and total income including food stamps.
2. **Individuals on Social Security Disability:** Please submit Letter from Social Security office or Notice of Decision stating the monthly benefit amount. This needs to be accompanied by verification of any other government assistance income as applicable.
3. **Unemployment:** Notification of eligible benefits from unemployment office. Federal tax return will still be needed as unemployment is a taxable income.
4. **Full-Time College Students:** Letter from registrar's office indicating current full-time student status. A school schedule is **NOT** adequate documentation.
5. **Special Circumstances:** Please see a membership coordinator if your income falls under different criteria than those stated.

### **HOW TO APPLY**

1. Completely fill out a **YMCA membership application**.
  2. Turn in application and **provide complete financial verification** as explained above to a YMCA membership coordinator.
  3. Your application will not be accepted unless required verification is submitted in its entirety.
  4. Applicants will be contacted by YMCA staff with their awarded amounts of financial assistance.
  5. Applications will be kept on file for only 60 days. After this time, any applicants that have not yet started their membership will need to reapply.
  6. Financial assistance must be renewed on an annual basis. A change in income or situation may result in an adjustment to your financial aid award.
  7. Please note that unless other arrangements are agreed upon, all members receiving financial assistance must utilize the YMCA six or more times per month to remain eligible for assistance.
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## Open Doors Income Based Membership Eligibility Worksheet

Confidential

Primary Member Name: \_\_\_\_\_

### PLEASE NOTE:

**NEW MEMBERS** – Please submit this worksheet along with a completed YMCA Membership Application  
**RENEWING MEMBERS** – Please ask for an Open Doors Income Based Membership Renewal Form  
**INCOME VERIFICATION** – ALL MEMBERS, new and renewing, must submit current income verification as stated on the back of this worksheet to be considered for financial assistance.

### Income Scale Resources

We use the Federal Poverty Guidelines at <http://aspe.hhs.gov/poverty> to determine eligibility for Open Doors Income Based Membership. The YMCA of Cass and Clay County have modified this scale to fit our communities' needs. We will consider special circumstances by a case to case basis.

### Gross Monthly Income Worksheet

Primary Member Month Earnings: \$ \_\_\_\_\_  
Spouse/2<sup>nd</sup> Adult Monthly Earnings: \$ \_\_\_\_\_  
Alimony/Dependent Support \$ \_\_\_\_\_  
Supplemental Income/Gov't Assistance \$ \_\_\_\_\_  
Other Income \$ \_\_\_\_\_  
**TOTAL GROSS MONTHLY INCOME** \$ \_\_\_\_\_

### Special Circumstances: (Medical bills, child support, etc.)

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

### Why are you interested in having a YMCA membership?

- Improve health                       Safe place for my children                       Meet new people  
 Spend time with family                       Feel part of the community                       Other: \_\_\_\_\_

I understand that I must also submit a YMCA Membership Application to be considered.

I understand that all applicants must submit required income verification as stated on the back of this worksheet to be considered for YMCA financial assistance.

In completing this application and signing it, I certify that all the information supplied to the YMCA is true, accurate and complete to the best of my knowledge.

I understand that six visits per month are required to remain eligible for YMCA financial assistance.

\_\_\_\_\_  
Primary Member Signature

\_\_\_\_\_  
Date