



# Open Door Application

Terre Haute Family Y

## ***I. Financial Assistance Program***

The Terre Haute Family Y offers quality programs and services designed to benefit people of all incomes, ages, gender and backgrounds. It is our pledge, within the available resources of the organization, to provide services to individuals regardless of the ability to pay. All records are kept confidential. Assistance is available for Y programs and membership. A sliding scale based in total income is used to determine how much assistance is awarded.

## ***II. How to Apply***

1. Completely fill out application. Failure to fill out application completely or submit all the required information may delay the processing of your application.

**A. Accurately fill out the entire application**

**B. Attach a copy of your most recent year's 1040 Tax Return**

**C. Provide documentation if you are in any of the situations described under III. 3,4 or 5.**

2. Turn in application and financial verification to the Y front desk..

3. Applications are awarded on a weekly basis.

4. Awards are valid for six months at which time you must reapply for financial assistance. A change in income or situation may result in an adjustment in your scholarship award.

## ***III. Eligibility/Verification of Status***

1. Applicants must be a resident or work in the Terre Haute Family Y service area.

2. Applicants will normally be asked to pay a portion of the fees.

3. Provide proof of eligibility if you receive the following benefits:

**A. Government Assistance:** Notice of Decision (with names of eligible person(s) and total income including food stamps).

**B. Social Security Disability:** Letter from Social Security office of Notice of Decision stating the monthly benefit amount.

**C. Unemployed:** Notification of eligible benefits from unemployment office. Federal tax return will still be needed, as unemployment is a taxable income.

4. **If you receive no income:** The Y needs income of the person(s) supporting the applicant. Example: John does not work and is living with his grandmother. Since she is providing him with room and board, the YMCA would need a letter from the grandmother stating the situation.

5. **Persons living in shelters:** Letter from caseworker stating the circumstance of the individual's situation. Example: Jane is a victim of an abusive spouse with children and is not able to access here federal return and is not currently working. She and her family are currently in a relocation and skill-training program. Cases are reviewed on an individual basis.

6. **Senior Citizen:** The age requirement is 62.

After applications are reviewed, a notification letter will be sent on the following Tuesday to the address on the application. Payment is required within 30 days of receiving the letter to obtain services.



# Financial Assistance Application

Terre Haute Family Y  
-Confidential-

### Please Print

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Phone: Work \_\_\_\_\_ Home \_\_\_\_\_

### Please list dependents if applying for a family membership

Spouse \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Are you applying for (please check one or both)

Membership Financial Assistance \_\_\_\_\_ Program Financial Assistance \_\_\_\_\_

If membership, check which type

Youth \_\_\_\_\_ Teen \_\_\_\_\_ Adult \_\_\_\_\_ Household \_\_\_\_\_ Senior \_\_\_\_\_ Senior Household \_\_\_\_\_

Are you currently receiving financial assistance from the Terre Haute Family Y? If yes, please explain \_\_\_\_\_

If program, please name program \_\_\_\_\_

How much do you feel you can afford to pay for Y membership? \_\_\_\_\_ Per month or program? \_\_\_\_\_

### Financial Information

#### Monthly Household Income

\$ \_\_\_\_\_ Monthly Gross Paycheck  
\$ \_\_\_\_\_ Spouse's Gross Paycheck  
\$ \_\_\_\_\_ Child Support  
\$ \_\_\_\_\_ Supplemental Support  
(Housing, food stamps, social security, etc.)  
\$ \_\_\_\_\_ Other Income

Description \_\_\_\_\_

\$ \_\_\_\_\_ Total Monthly Income

#### Monthly Household Expenses

\$ \_\_\_\_\_ Mortgage or Rent  
\$ \_\_\_\_\_ Phone  
\$ \_\_\_\_\_ Water  
\$ \_\_\_\_\_ Electric/Gas  
\$ \_\_\_\_\_ Groceries  
\$ \_\_\_\_\_ Other Expenses

Description \_\_\_\_\_

\$ \_\_\_\_\_ Total Monthly Expenses

The Terre Haute Family YMCA and the Terre Haute YWCA are not-for-profit agencies open to all people regardless of age, race, religion, or ability to pay. Financial assistance will be granted to anyone who can demonstrate a verifiable need through recognized proof of income. **Valid proof of income must be provided before the application can be approved.** Valid proof of income includes any of the following: Copy of prior year tax returns, two consecutive paycheck stubs, two unemployment stubs, two disability statements or two Social Security statements. By my signature I am requesting assistance from the Terre Haute Family Y due to my personal circumstances. I certify that all information provided is correct and give my permission to the Terre Haute Family Y to contact my employer for salary verification.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### For Office Use Only

Date Approved \_\_\_\_\_

Type of Membership \_\_\_\_\_ Code \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Type of Program \_\_\_\_\_ Program Fee \$ \_\_\_\_\_