

THE Y IN CENTRAL MARYLAND

INTERNAL USE ONLY

Date Approved: \_\_\_\_

# **Y OPEN DOORS SAVINGS APPLICATION**

As a charitable, cause-driven organization, the Y is deeply committed to removing barriers to good health and high-quality educational programs. One way we do that is through Y Open Doors Savings, which can potentially help lower your rate on Y membership and youth programs. Making ends meet can be challenging; the Y is here to help!

STEP 1: Identify What You Are Applying For (Check the boxes that apply. Write in the requested information. Y family center and program site listings are available at <u>ymaryland.org</u> or at any Y family center.)						
	<b>P</b> :	anu program site is	ungs are avaliabl	e al <u>ymarylanu.org</u> or al a	ing r fanning center.)	
🗆 New Mer	mbership 🛛 🗆 Memb	ership Renewal				
Y Family Center:			Membership Type:			
	RAMS:					
□ Y Before & After School Enrichment (grades K-12) School Name:						
□ Y Preschool (up to age 5) Y Preschool Center:						
□ Y Camp (grades pre-K-12) Y Camp Location:						
Applications for Y Be		funds are distributed. • Apple richment/Y Preschool are acce ng January 1 <sup>st</sup> .				
STEP 2: Enter Ho	usehold Informatio	'n				
Applicant 1 First/La	st Name:		Da	te of Birth:/	_/	
Age:	Gender: 🗆 M 🗆 F 🗆 Non-binary			Marital Status: 🗆 Single 🗆 Married		
Applicant 2 First/La	st Name:		Da	te of Birth:/	_/	
Age:	Gender: 🗆 M 🗆 F 🗆 Non-binary		Marital St	Marital Status: 🗆 Single 🗆 Married		
Dependents:					Relationship	
1	LAST NAME	DOB://_	Gender: [	□M □F □Non-binary	(i.e. spouse, son, etc.)	
2		DOB://_	Gender: [	□M □F □Non-binary	(i.e. spouse, soil, etc.)	
FIRST NAME	LAST NAME				(i.e. spouse, son, etc.)	
3 FIRST NAME	LAST NAME	DOB://_	Gender: [	□M □F □Non-binary	(i.e. spouse, son, etc.)	
4	LAST NAME	DOB://_	Gender: [	□M □F □Non-binary	(i.e. spouse, son, etc.)	
Phone Number:		E-Mail Address				
Street Address:				APT #:		
City:		St	ate:	Zip Code:		
Emergency Contact Name:			Phone Number:			
Applicant Employer	:					
Spouse Employer:						

### **STEP 3: Application Information and Requested Documentation**

A) Taking into consideration your monthly household expenses, what monthly amount are you comfortable paying? NOTE: This amount may differ from your approved amount based on your income. per month \$

What is your current annual total household income? \$

B) Did you or another household member file federal taxes for last year?  $\Box$  YES  $\Box$  NO

If **YES**  $\rightarrow$  Please submit a copy of the **first page** of your most recent federal tax return 1040 form **and** a copy of **ONE** of the following supporting documents:

- Last two pay stubs for all household members
- Retirement income documentation

- Social security or disability award letter(s)
- Unemployment income verification

If **NO**  $\rightarrow$  Please submit a copy of **ALL** of the following supporting documents that are applicable:

- Last two pay stubs for all household members
- Retirement income documentation
- Social security or disability award letter(s)

- Unemployment income verification
- Temporary Cash Assistance
- If \$0 income: Letter of how you meet your expenses
- **C)** Additional information to assist in qualifying you and/or your family (submit supporting documents, circumstances or unusual expenses you must meet that should be used in determining assistance).

### STEP 4: Complete this Section <u>ONLY</u> if You Selected a Y Youth Program (see STEP 1)

A) Do you receive Child Support? 🗆 YES 🗆 NO If yes, what is the monthly support? \$\_\_\_\_\_ (submit documentation)

B) <u>Y Before & After School Enrichment/Y Preschool applicants</u> must apply for the Child Care Subsidy Program with the State of Maryland and submit CCS status information. Applicants are required to apply to CCS Central for Child Care Subsidy program vouchers (formally POC vouchers) and submit a copy of your decision letter prior to our processing this application. If you're a new applicant to CCS, we can accept a copy of the receipt received when applying in lieu of a decision letter. Please call 1-877-227-0125 or email CCSCentral2@maryland.gov for more information and to request an application. Y Open Doors savings applications cannot be processed without this information. (Updated 7/19/21)

### STEP 5: Please check each box indicating you have read and understood each statement and sign below.

- □ I understand my current Y account must be in good standing prior to this application being processed.
- □ I understand expiration or revocation of my reduced membership rate via Y Open Doors does not automatically cancel my membership and that I must provide the Y with a 30-day written notice to cancel my membership.
- □ I understand the Y reserves the right to decline any Y Open Doors request if funds are no longer available, if the application or supporting documents are incomplete, or if the applicant does not quality at that time.
- □ I agree to notify the Y if my financial situation improves, so that my Y Open Doors Savings can be re-evaluated, thus providing more opportunities for others in need.
- □ I certify that the information I have provided on this form is complete and correct and I agree to provide additional documentation upon request to verify need of Y Open Doors funds.

Signature of Applicant 1:	Date:		
Signature of Applicant 2:	Date:		

## Thank you.

MEMBERSHIP APPLICATIONS: Please submit this form and all supporting documentation to your local Y family center. If you have not yet completed a membership form, please fill that out as well (located online or at any Y family center) and return it with this application. YOUTH DEVELOPMENT APPLICATIONS: Please submit this form and all supporting documentation to the Y Customer Service department. Email: customerservice@vmaryland.org Fax: 410-779-9426 Mail: 303 W. Chesapeake Avenue, Baltimore, MD 21204 Attn: Y Customer Service