



## 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 [ymaryland.org](http://ymaryland.org) or at any Y family center.)

#### Y MEMBERSHIP:

New Membership      Membership Renewal

Y Family Center: \_\_\_\_\_ Membership Type: \_\_\_\_\_

#### Y YOUTH PROGRAMS:

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: \_\_\_\_\_

- Y Open Doors savings are available until all funds are distributed.
- Applications for Y membership are accepted year-round.
- Applications for Y Before & After School Enrichment/Y Preschool are accepted starting July 1<sup>st</sup> preceding the start of the school year.
- Applications for Y Camp are accepted starting January 1<sup>st</sup>.

### STEP 2: Enter Household Information

Applicant 1 First/Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Gender:    M    F    Non-binary      Marital Status:    Single    Married

Applicant 2 First/Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Gender:    M    F    Non-binary      Marital Status:    Single    Married

#### Dependents:

#### Relationship

- |                           |                     |                                 |                          |
|---------------------------|---------------------|---------------------------------|--------------------------|
| 1. _____                  | DOB: ____/____/____ | Gender:    M    F    Non-binary | _____                    |
| FIRST NAME      LAST NAME |                     |                                 | (i.e. spouse, son, etc.) |
| 2. _____                  | DOB: ____/____/____ | Gender:    M    F    Non-binary | _____                    |
| FIRST NAME      LAST NAME |                     |                                 | (i.e. spouse, son, etc.) |
| 3. _____                  | DOB: ____/____/____ | Gender:    M    F    Non-binary | _____                    |
| FIRST NAME      LAST NAME |                     |                                 | (i.e. spouse, son, etc.) |
| 4. _____                  | DOB: ____/____/____ | Gender:    M    F    Non-binary | _____                    |
| FIRST NAME      LAST NAME |                     |                                 | (i.e. spouse, son, etc.) |

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ APT #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant Employer: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_

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The Y.™ For a better us.

YMCA of Central Maryland

### STEP 3: Application Information and Requested Documentation

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

What is your current annual total household income? \$\_\_\_\_\_

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

If **YES** → 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** → 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).

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### STEP 4: Complete this Section ONLY 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) **Y Before & After School Enrichment/Y Preschool applicants 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](mailto: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)

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### 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 qualify 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](#).

**YOUTH PROGRAM APPLICATIONS:** Please submit this form and all supporting documentation to the Y Customer Service department.  
Email: [customerservice@ymaryland.org](mailto:customerservice@ymaryland.org) Fax: 410-779-9426 Mail: 303 W. Chesapeake Avenue, Baltimore, MD 21204 Attn: Y Customer Service

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