



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 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 1st preceding the start of the school year.
- Applications for Y Camp are accepted starting January 1st.

STEP 2: Enter Household Information

Applicant 1 First/Last Name: _____ Date of Birth: ____/____/____

Age: _____ Gender: M F Marital Status: Single Married

Applicant 2 First/Last Name: _____ Date of Birth: ____/____/____

Age: _____ Gender: M F Marital Status: Single Married

Dependents:

Relationship

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

A charitable, cause-driven organization working for community well-being.

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).

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 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 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 Fax: 410-779-9426 Mail: 303 W. Chesapeake Avenue, Baltimore, MD 21204 Attn: Y Customer Service

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