OPEN DOORS
Financial Assistance

STEP 1
FILL OUT THE FINANCIAL ASSISTANCE APPLICATION

STEP 2
TURN IN ALL FINANCIAL DOCUMENTATION &
VERIFY EMAIL ADDRESS

STEP 3
WAIT UP TO 3 WEEKS FOR PROCESSING.
YOU WILL BE NOTIFIED BY EMAIL ONCE
YOUR APPLICATION IS PROCESSED



SHELBY BRANCH
Sarah Adkins
Welcome Center Manager
YMCA of North Central Ohio
P: 419.347.1312 ext. 504
E: sadkins@ymcanco.org

MANSFIELD BRANCH
Kyla Lee
Open Doors Coordinator
YMCA of North Central Ohio
P: 419.522.3511 ext. 281
E: opendoors@ymcanco.org

OPEN DOORS
Financial Assistance Program

EVERYONE IS WELCOME

That's why we offer financial assistance through a sliding fee scale designed to fit each individual's financial situation. This allows membership costs to be significantly reduced for eligible applicants. If approved, financial assistance is granted for one year.

MAKING MEMBERSHIP POSSIBLE FOR ALL

The funds available for financial assistance are made possible through the generosity of our members and donors in our YMCA Annual Campaign, allowing those in need to access our child care programs, YMCA facility memberships, youth sports, and other YMCA programs.

COMMITTED TO OUR COMMUNITY

The YMCA of North Central Ohio is a nonprofit organization committed to strengthening our community. Every day, we work side by side with our neighbors to ensure that everyone—regardless of age, income, or background—has the opportunity to learn, grow, and thrive.

We believe that our entire community is stronger when everyone has the opportunity to be their best selves!



YMCA OF NORTH CENTRAL OHIO

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Unit # _____

☐ Monthly ☐ PIF-term date _____

OPEN DOORS MEMBERSHIP APPLICATION

Thank you to the Richland County Foundation, Shelby Foundation and the generous donors of our community who help make this possible!

MEMBERSHIP FOR ALL

Branch: ☐ Mansfield ☐ Shelby

Type of Membership (Please check one)

☐ Youth ☐ Young Adult ☐ Adult ☐ 2 Adults ☐ 1 Adult Household ☐ 2 Adult Household

Primary Member *(Please Print)*

First Name: _____ Middle Name: _____ Last Name: _____

Gender: Male/Female Date of Birth: ____/____/____ Ethnicity: _____ *(Optional)* Household Size: _____

E-mail: _____ Phone: _____ SMS Text: ☐ Yes ☐ No

Home Address: _____
Street *City* *State* *Zip Code*

Emergency Contact: _____ Phone: _____ Relationship: _____
First Name *Last Name*

Second Adult/Parent Information *(Parent Information is required for all members under 18 years of age)*

First Name: _____ Middle Name: _____ Last Name: _____

Gender: Male/Female Date of Birth: ____/____/____ Ethnicity: _____ *(Optional)*

E-mail: _____ Phone: _____ SMS Text: ☐ Yes ☐ No

Dependents Must reside with primary member

Name (First, Middle, Last)	Gender	DOB	Relationship to Primary Member	Phone (required if over 18)	Ethnicity (Optional)
	M / F				
	M / F				
	M / F				
	M / F				
	M / F				
	M / F				
	M / F				
	M / F				

HOUSEHOLD INCOME INFORMATION

A minimum of 30 days of financial documentation is required for all persons listed on the membership. Applications cannot be processed without copies of these documents.

Please check all sources of income/assistance that apply, provide the copies of the required documentation, and include the amount on the line provided.

☐ **Federal Tax Return (Most Recent)** Amount (if applicable): _____
☐ **Pay Stubs (At least 30 days)** Monthly Amount: _____
☐ **Unemployment Benefits Documentation** Monthly Amount: _____
☐ **Social Security Income (SSI/SSDI/Retirement)** Monthly Amount: _____
☐ **Child Support Documentation** Monthly Amount: _____
☐ **Alimony Documentation** Monthly Amount: _____
☐ **Retirement / Pension Income** Monthly Amount: _____
☐ **Metro Housing Award Letter** Monthly Benefit/Assistance Amount: _____
☐ **Utility Allowance Documentation** Monthly Amount: _____
☐ **Food Assistance (SNAP/EBT) Award Letter** Monthly Benefit Amount: _____

Please read & initial the following:

_____ I affirm to the best of my knowledge that the information I provided is true and complete. I understand that if I falsify any of the above information, I will not be eligible for assistance.

_____ I understand that my Financial Assistance Application will not be processed until all documentation has been provided.

_____ I understand I will be responsible for any outstanding balances due to the YMCA of NCO. (Late fees may apply)

_____ I understand that I am participating in a financial assistance program and once approved is based on a 12-month term. I further understand that if I fail to make my monthly membership dues my membership is subject to termination, and I will be ineligible for reapplying until the end of that term.

_____ I understand I will be held accountable for a minimum usage of 6 visits per month, or my membership may be subject to termination.

_____ I understand that I am responsible for the $25 Building Maintenance Fee upon accepting the membership.

- If I lose my membership card, I will need to replace it at my expense of $5. Membership cards are the property of the YMCA and must be surrendered upon demand.
- It is my complete understanding and responsibility to notify the YMCA of any changes in my address, bank account information, or credit/debit card information/expiration date (if utilizing for payment of dues)
- **I understand that all failed payments may be sent to collections if not paid to the YMCA of North Central Ohio.**
- If I wish to change my membership in any way, I must give the YMCA a **written notice before the 1st of the month prior to the next scheduled draft date.**

I acknowledge the membership agreement set forth above, and being in sympathy with the Mission Statement of the YMCA, hereby apply for membership.

Signature: _____ **Date:** _____

OFFICE USE ONLY:

Received by: _____ Date: _____ Approved Date: _____ Reapply Date: _____

Monthly Income: _____ Annual Income: _____ Discount %: _____ Processed by: _____