



MEMBERSHIP FOR ALL

FINANCIAL ASSISTANCE PROGRAM



THE MISSION OF THE Y

The Kankakee Area YMCA is committed to nurturing children's potential, promoting healthy living, and encouraging a sense of social responsibility. It ensures that every individual has access to the tools needed to learn, grow, and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through the Strong Kids Fund, the Kankakee Area YMCA assists our community based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining your assistance level is handled by dedicated staff in a fair and consistent manner. Every YMCA member receives the same membership benefits regardless of whether or not they receive membership or program assistance. YMCA members and program participants can feel confident knowing that they are a part of an association that cares for the well-being of all people and is committed to youth development, social responsibility, and Healthy living.

EVERYONE BELONGS AT THE YMCA!

(815) 933- 1741 | k3ymca.org | bbeck@k3ymca.org

KANKAKEE AREA YMCA

OPEN DOOR MEMBERSHIP



GUIDELINES

- ▼ Applying for Open Door is voluntary and not a requirement of membership.
- ▼ Open Door Membership is offered for adult and family memberships with annual household income less than \$70,000.
- ▼ The more documentation and information you provide, the better and more timely we will be able to serve you.
- ▼ Periodic re-qualification of Open Door is required; failure to do so will result in the loss of assistance and the full membership rate will apply.
- ▼ Falsification or non-disclosure of any household income or subsidy will result in the ineligibility of open door membership.
- ▼ Applicants providing all required documentation who meet the eligibility guidelines may qualify for a reduced membership fee and enrollment fee.

HOW TO APPLY

- ▼ Complete the Open Door Application, including signatures.
- ▼ Attach copies of all income documentation as stated on the application.
 - Helpful sources of Information – Child Support Statement: www.childsupportillinois.com/
 - Unemployment Weekly Benefit Statement: www.ides.state.il.us
 - Child Support Benefit Statement: www.ilsdu.com
- ▼ Submit all paperwork to Member Service staff for verification of complete application
- ▼ Review Committee processes applications and determines qualification
- ▼ Incomplete applications will not be reviewed by committee
- ▼ Applicants are notified by telephone, letter, or email
- ▼ Membership activation is a separate process which must be completed at Member Services once you have been notified of your qualification eligibility

Thank you for your interest in membership at the Kankakee Y!

If you have any questions, please contact Member Services at (815) 933-1741.

KANKAKEE AREA YMCA

OPEN DOOR MEMBERSHIP APPLICATION



MEMBERSHIP TYPE REQUESTED: Adult _____ Family _____

New _____ Renewal _____ Change _____ Additional paperwork for pending application _____

Primary Applicant Name : _____

Address _____ City: _____ St: _____ Zip: _____

Email _____ Home Phone _____ Cell Phone _____

Employer _____

Preferred Method of Contact for Qualification: Phone (home) _____ Phone (cell) _____ Email _____ Letter _____

(All renewal applicants are automatically notified by letter for their requalification)

Dependent Children Under The Age of 26 for Both Primary and Secondary Adults

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

- ▼ If last names of two adults on the application differ, proof of residency is required.
- ▼ If last names of dependents differ from adults, proof of dependent status is required.
- ▼ Provide COPIES of all documentation which will be destroyed upon joining.
- ▼ All applications must be submitted to Member Services in person, no sealed envelopes please.
- ▼ Approval is valid for 60 days after which all documentation is destroyed and reapplication is required.

FOR OFFICE USE ONLY

Staff Signature _____ Date _____

Primary Adult

Birth Date _____ Gender M F

YES NO Are you currently working or self employed?

YES NO Are any other adults living at your address?

Name _____ Relation to You _____

Secondary Adult

Birth Date _____ Gender M F

YES NO Are you currently working or self employed?

INCOME NEEDS TO BE PROVIDED FOR BOTH ADULTS IN
THE HOUSEHOLD REGARDLESS OF RELATIONSHIP OR
VARYING INTEREST IN JOINING THE YMCA.

YES NO Do you have any family and/or friends who help you with living-related expenses (rent, utilities, food, etc.) or who allow you to live with them? Please provide specific details of the assistance you are receiving from family and/or friends and how you are living:

REQUIRED INFORMATION & DOCUMENTATION (Please turn in COPIES)

YES NO Federal Tax Form 1040

(Including W-2's and all supporting schedules)

YES NO Two most recent consecutive pay stubs for all jobs

(Indicating gross amount received and pay period)

YES NO Unemployment Gross Weekly Benefit Statement

(Proof of benefits exhausted/denied if applicable)

YES NO Social Security Monthly Benefit Amount Letter

____ Self and/or ____ Dependents

YES NO Foster Child(ren) Income (Voucher)

YES NO Disability Monthly Benefit Statement

YES NO Workmen's Compensation Benefit Statement

YES NO Retirement/Pension Monthly Statement

YES NO SNAP (food stamps)

YES NO Child Support Received

YES NO CCR&R Benefits (co-pay statement required)

YES NO Housing Assistance (HUD, Section 8, other)

HUD ____ Section 8 ____ Other _____

Statement/voucher with both rent/subsidy amounts

YES NO LIHEAP Annual Energy Assistance (past 12 mo.)

YES NO PIPP (bill or statement)

YES NO WIC Benefits?

YES NO Federal Tax Form 1040

(Including W-2's and all supporting schedules)

YES NO Two most recent consecutive pay stubs for all jobs

(Indicating gross amount received and pay period)

YES NO Unemployment Gross Weekly Benefit Statement

(Proof of benefits exhausted/denied if applicable)

YES NO Social Security Monthly Benefit Amount Letter

____ Self and/or ____ Dependents

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YES NO CCR&R Benefits (co-pay statement required)

YES NO Housing Assistance (HUD, Section 8, other)

HUD ____ Section 8 ____ Other _____

Statement/voucher with both rent/subsidy amounts

YES NO LIHEAP Annual Energy Assistance (past 12 mo.)

YES NO PIPP (bill or statement)

YES NO WIC Benefits?

I certify that I have disclosed, to the best of my belief, all sources of household income and subsidies for this application. I understand that falsification or non-disclosure of any household income or subsidy will result in the ineligibility of open door membership qualification.

APPLICANT SIGNATURE _____ DATE _____