



# WELCOME TO ALL

## Open Arms Financial Assistance at the Ann Arbor Y

*The Y is a not-for-profit health and human services organization committed to helping people grow in spirit, mind and body. We focus on nurturing kids and teens, improving people's health and well-being, and giving back to our neighbors. The Y believes that every person should have an opportunity to participate and pursue their own personal goals regardless of skill or financial status. Your membership will bring about meaningful change in your life and in your community.*

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### Applicant Information

First & Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

### If applicant is under 18

Parent/Guardian's Name & Number: \_\_\_\_\_

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### What type of membership are you applying for?

- ☐ **Family** (2 adults and children under 23 living in the same household)
- ☐ **Single Parent Family\*** (1 adult and as many dependents under 23 in the same household)
- ☐ **Senior** (ages 65+)
- ☐ **Senior Couple** (2 people ages 65+ living in the same household)
- ☐ **Adult** (ages 30-64)
- ☐ **Young Adult** (ages 23-29)
- ☐ **Student** (ages 12-22)

*\*Single Parent Family memberships are reserved for families with one adult present in a household. Should you have two adults in your household, with only one wishing to utilize our facility, you are eligible for a Family membership.*

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### If applying for a Family, Single Parent Family, or Senior Couple membership

List all persons in your household\* (excluding yourself)

2<sup>nd</sup> Parent/Adult: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Dependent: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Dependent: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Dependent: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Dependent: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

*\*Please add any additional dependents in the "Additional Information" section on the following page.*

## Income Documentation

Provide as many of the following forms of income documentation that apply to your household and reflect your current income. If you are applying for a Family or Senior Couple membership, we require income documentation for both adults in the household.

## Federal Taxes

Federal Tax Form(s) for all income in household

## Employer Paystubs

2 most recent paystubs

## Government Assistance

DHS/Food Assistance – Full Report

SSI/SSDI/Pension Report – Official Letter or Bank Statements

Survivors Benefits – Official Letter or Bank Statements

## Student Documentation

Financial Aid Budget Breakdown

Award Letter from College/University

## Additional Documentation

Child Support – Official Letter or Bank Statements

Unemployment Benefits – Official Letter or Bank Statements

*Please note that we are unable to process applications without income documentation.*

## Additional Information:

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*I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above. I have provided all documentation requested. I agree, if necessary, to send additional information and documentation to support the above statements.*

*If I am awarded financial assistance, I understand that I am required to make my first month's payment in order to activate my Open Arms membership.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Questions?

**KT Doud**

Email: [ktdoud@annarborymca.org](mailto:ktdoud@annarborymca.org)

Telephone: (734) 661-8046

### Office Use Only

Type: \_\_\_\_\_

HH: \_\_\_\_\_

Income: \_\_\_\_\_

Scholarship: \_\_\_\_\_