



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP FOR ALL

THE MISSION OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and encouraging a sense of social responsibility, the Kankakee Area YMCA ensures that every individual has access to 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 Annual Campaign Fund, the Kankakee Area YMCA provides assistance to 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.



PLEASE NOTE

- Support from our Annual Campaign Fund reduces membership and program fees; it does not eliminate them.
- All assistance will be granted for 12 months.
- Membership and program fees are subject to change upon annual review.
- Members and program participants are welcome to re-verify their income in the event of a live-style change.
- The Y reserves the right to request additional information when necessary.

Please contact the Membership Director Joseph Russell for further info: 815-933-1741

Kankakee Area YMCA
www.k3ymca.org

MEMBERSHIP TYPE REQUESTED: Adult _____ Family _____

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

Primary Applicant Name: _____ Birthdate _____ 2nd Adult _____ Birthdate _____

Address _____ City: _____ St: _____ Zip: _____

Email _____ Home Phone _____ Cell Phone _____

ALL HOUSEHOLD CHILDREN UNDER THE AGE OF 26

Name _____ Birth Date _____ Name _____ Birth Date _____

Name _____ Birth Date _____ Name _____ Birth Date _____

Name _____ Birth Date _____ Name _____ Birth Date _____

REQUIRED INFORMATION & DOCUMENTATION FOR ALL HOUSEHOLD MEMBERS IF APPLICABLE

- Federal Tax Form 1040 or W2 or letter of non-filing
- Two most recent pay stubs
- Retirement/Pension Monthly Statement
- Unemployment Gross Weekly Benefit Statement
- Social Security / Disability Award Letter
- Foster Children Income (Voucher)
- Workmen’s Compensation Benefit Statement
- Child Support Received
- CCR&R Benefits (co-pay statement required)
- SNAP Benefits
- WIC Benefits?
- PIPP (bill or statement)
- LIHEAP Annual Energy Assistance
- Housing Assistance (HUD, Section 8, other)
HUD _____ Section 8 _____ Other _____
Statement/voucher with both rent/subsidy amounts

GUIDELINES

- ▼ Open Door Membership is offered for adult or family memberships with annual household income less than \$55,000
- ▼ 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
- ▼ Complete the Open Door Application, including signature
- ▼ Attach copies of all income documentation as stated on the application
- ▼ 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

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 _____