

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.

Applicant Informatio	n		
First Name:		Last Name:	
		Zip Code:	
If applicant is under			
Parent/Guardian's Nam	e & Number:		
☐ Single Parent I☐ Senior (ages 65	Family (1 adult and as m 5+) (2 people ages 65+ living 64) ages 20-29)	ving in the same household) any dependents under 23 in the same household) in the same household)	
	il y, Single Parent Fami household (excluding you	ly, or Senior Couple membership	
2 nd Parent/Adult:		D.O.B.:	
Dependent:		D.O.B.:	
Dependent:		D.O.B.:	
•		D.O.B.:	
Dependent:		D.O.B.:	

Income Documentation

Email: mbelhaj@annarborymca.org

The Ann Arbor Y offers financial assistance for membership on a case-by-case basis dependent upon income, household, and special circumstances. We utilize current Housing and Urban Development (HUD) income data in Washtenaw County in order to distribute aid in a way that reflects our community. We recognize that income documentation does not always represent an individual or a family's true financial circumstance. You are welcome to share as much or as little as you see appropriate to illustrate your financial circumstance so that we can best serve you. Below is a list of the documents we accept, select which you are providing, and offer additional information.

	Federal Taxes Most recent 1040 Federal Tax Form(s) for all incomone tax form was filed for my household and is being the word of the word of the filed more than one tax form in our household.	ng submitted		
	Employer Paystubs Please provide your 2 most recent paystubs Bank statements showing deposits from employer			
	Government Assistance DHS/Food Assistance SSI/SSDI/Pension Report MESC Benefit Report			
	Student Documentation Financial Aid Budget Breakdown/Award Letter from College/University			
Addi	itional information:			
have	tify that the above information is true and complete to a additional income not represented above. I have pro essary, to send additional information and documentat	vided all documentation requested. I agree, if		
	am awarded financial assistance, I understand that I a rder to activate my Open Arms membership.	m required to make my first month's payment		
Signature:		Date:		
0	ations?			
	stions?	Front Desk Use Only		
Finar	ka Belhaj ncial Assistance Coordinator :e: (734) 661-8007	Date received:		

Staff Initials: