



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LIMA FAMILY YMCA
345 S. Elizabeth St., Lima, Ohio 45801
P 419-223-6045 F 419-223-0771
www.limaymca.net

EVERYONE IS WELCOME

OPEN DOORS FINANCIAL ASSISTANCE

The heart of the Y's mission is to reach and serve all people in our communities. Because the Y is community-based and believes that its programs and services should be available to everyone, we offer the "Open Doors Financial Assistance" program. This program offers a sliding fee scale that is designed to fit the financial situation of each individual and family in our community.

HOW DO I APPLY?

1. Complete the "Open Doors Financial Assistance" application.
2. Provide verification of income by submitting copies of the last two pay stubs, most recent W-2, child support, workers comp, disability, SSI, SSA, etc. from everyone in the household.
3. You will need to provide a copy of your most recent taxes. **If you do not file taxes, you will need to provide a non-filing status transcript. You can obtain a non-filing status transcript online at www.irs.gov or by calling 844-545-5640 to make an appointment with the Lima Tax Department located in the Federal Building at 401 W. North Street, Lima, Ohio.**
4. Adults 18 and older must complete an adult background check and youth ages 12-17 must complete a juvenile background check. Anyone with a felony of any kind, assault, drug or theft charge will be ineligible for financial assistance.



AFTER YOU QUALIFY

After receiving your financial assistance application and verification of income, the YMCA Administrative Assistant will call you to discuss your financial assistance. Before starting your membership, all members of the household are asked to write a thank you letter. Children may draw a picture. Members receiving financial assistance are asked to volunteer at the YMCA. For a single adult membership, 5 volunteer hours are asked to be completed within the year. For a family membership, 10 volunteer hours are asked to be completed within the year.

WHO SEES MY FINANCIAL INFORMATION?

Personal financial information is handled in a confidential manner and will be seen and reviewed only by YMCA staff. No information is shared with any other agency or organization. If you have questions or concerns, please contact the YMCA Administrative Assistant at 419-223-6045 ext. 300.



LIMA YMCA
OPEN DOORS FINANCIAL ASSISTANCE REQUEST

1st Adult: _____ DOB _____ Male [] Female []

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer: _____ Work Phone _____

Emergency Contact Name _____ Phone # _____ Relationship _____

COMPLETE THIS SECTION FOR FAMILY MEMBERSHIP ONLY

2nd Adult: _____ DOB _____ Male [] Female []

Email _____ Cell Phone _____

Employer _____ Work # _____

DEPENDENT CHILDREN THRU AGE 24
STILL LIVING IN THE HOME.

Table with 6 columns: SEX, AGE, DOB, SCHOOL, PHONE. Rows 1-5 for dependent children.

MUST BE COMPLETED BY APPLICANT FOR CONSIDERTION

HOUSEHOLD MONTHLY GROSS INCOME

Salary/Wages _____
Child Support _____
Alimony _____
Gov. Assist. _____
Food Stamps _____
Cash Assistance _____
School Loans/Grants (amnt. after tuition) _____
Other Income _____

REQUIRED DOCUMENTATION

- [] Federal income tax form 1040 or proof of non-filing status. To obtain a non-filing status transcript go to www.irs.gov or by calling 844-545-5640 to make an appointment with the Lima Tax Department located in the Federal Building at 401 W. North Street, Lima, OH.
[] Two current consecutive pay stubs or unemployment stubs for anyone working in the household.
[] Copies of all government assistance for anyone in the household such as: Disability, SSI, SSA, Child Support, & Workers Comp.
[] Other assistance such as: Student loans and Grants.
[] Background check for anyone 12 years and older.

THE APPLICATION MUST BE COMPLETED AND ALL REQUIRED DOCUMENTATION SUBMITTED TO BE CONSIDERED FOR FINANCIAL ASSISTANCE.

I certify that all the above information is true and complete to the best of my knowledge.

Signed _____ Date _____



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ADULT RECORD CHECK

Lima Police Department
Bureau of Records
117 E. Market St.
Lima, OH 45801

Would you please complete a records check on the following person.

Michelle R. Spees
Michelle R. Spees, HR Director

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ SOC. SEC. NO. _____

I hereby authorize the Lima City Police Department to release any and all information from its criminal records concerning myself to the Lima YMCA President. Such information MAY include convictions in other jurisdictions if these convictions are known to the Lima City Police Department. I am aware that such information may not be released without my signature. I AM AWARE THAT THE LIMA CITY POLICE DEPARTMENT HAS NO CONTROL OVER ANY SUBSEQUENT RELEASES OF THIS INFORMATION ONCE IT HAS BEEN PROVIDED TO THE LIMA YMCA PRESIDENT.

Date signed by Subject

Signature of Subject to be Checked

On the reverse side hereof is a list of the arrest/conviction file at the Lima City Police Department on the above named subject. It is only a check by name and not by fingerprints and therefore is unverified as to the true identity of the subject in question. It contains a record of arrests/convictions made within the jurisdiction of the Lima Police Department.

Officer, Records Bureau: _____
Name

Title

Date



LIMA POLICE DEPARTMENT JUVENILE RECORD CHECK

Name: _____

(please print)

Date of Birth: _____ **S.S.N.:** _____

Person/Company requesting records check:

(parent/guardian name and signature)

This record includes only:

Juvenile arrests, traffic violations and warrants that occurred within the Lima, Ohio city limits.

Clerk: _____ **Date:** _____

of pgs. attached: _____ **No record** _____