



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Open Doors Application

PLEASE CHECK ONE: NEW APPLICANT [] RENEWAL []
APPLICATION RECEIVED DATE: ___/___/___
RECEIVED BY YMCA STAFF: BRANCH:

YMCA Open Doors Financial Assistance is provided for a max of 2 years at a time and must include your total household income. As a participant in the program, it is your responsibility to update your Open Doors Application prior to your renewal date. Your membership and/or program will go to full price if you do not renew your Open Doors information and provide proof of income before this deadline. Return completed application with supporting documentation to the YMCA branch of your choice.

Required Documentation: Please attach copies of the following items to your completed application before you submit for processing. This application will be processed only if it is complete and the required items are attached:

- ___ A copy of the most recent tax return (1040 or 1040 EZ) for everyone living in the household OR verification of non-filing letter from IRS (Phone Number for the IRS is 1-800-908-9946)
___ The last 2 paycheck stubs of EVERYONE in the household who is working
___ Proof of Social Security or Social Security Disability Income if applicable
___ Proof of any other sources of income if applicable, (e.g. Unemployment Compensation, Food Stamps, etc.)
___ A copy of your school schedule if applying for child care and you are a non-working student

Applicant Information: Please circle how you heard about the YMCA: TV Friend Social Media Other

Adult First Name _____ MI _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Email Address _____ Phone _____

Adult Birthdate _____ Gender Male Female Rather Not Say

2nd Adult Name _____ Birthdate _____ Gender Male Female Rather Not Say

Emergency Contact Name _____ Phone _____

Other Adults and/or Dependents: Use an additional sheet if needed.

Name _____ Birthdate _____ Gender _____ School Attending _____

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This is a financial assistance application for: (You may check as many as you may need assistance with)
 ___ PROGRAM: () Aquatics () Youth Sports () Adult Sports () Other _____

___ CHILD CARE: () Before/After School () Summer Day Camp () Camp Hanes

___ NEW MEMBERSHIP or ___ RENEWAL MEMBERSHIP: What type?

- Teen (12-17) Young Adult (18-22) Adult (23-64)
 Senior (65+) Adult w/Dependents Household w/Dependents

How much can you afford to pay? Membership per month: _____ Child Care per month per child: _____

Please Note: It is unusual that 100% financial assistance is provided by the YMCA.

TOTAL MONTHLY HOUSEHOLD INCOME AND EXPENSES:

Monthly Income

Monthly Expenses

Your gross income	\$	Rent/Mortgage	\$
2 nd Adult's gross income	\$	Utilities	\$
Other Adult's gross income	\$	Telephone	\$
Child Support Receiving	\$	Vehicle Payment	\$
Aid to Dependents	\$	Vehicle Insurance	\$
Welfare	\$	Medical/Dental Expenses	\$
Alimony Receiving	\$	Tuition/College Loans	\$
Food Stamps	\$	Alimony Paying	\$
Social Security	\$	Child Support Paying	\$
Social Security Disability	\$	Childcare	\$
401K/Retirement Funds	\$	Other	\$
Annuity/Investment Income	\$	Other	\$
Other Income	\$	Other	\$
Total	\$	Total	\$

Please list any special circumstances for us to consider. _____

Have you completed the entire Open Doors Application and attached the required documentation?

___ Yes ___ No Your application **cannot** be processed without documentation. Please see page 1 of this application for the types of

acceptable documentation. Please allow 7 to 10 business days for this application to be processed.

I certify that all information provided is true and complete to the best of my knowledge. I understand that false information will disqualify me from participating in this organization. I understand that the decision to grant a fee reduction is at the sole discretion of the YMCA if funds are available. I understand that I must renew my financial assistance at least annually. This is not a guarantee that I will continue to receive a reduction of fees. I understand that failure to renew this financial assistance will **NOT** terminate my membership and/or program status but **WILL** result in an increase of dues to the full price. I understand that it is my responsibility to notify the YMCA of any changes in my personal information including change of address, phone number or changes in my financial situation. We want to be good stewards of the money awarded, and therefore strongly encourage you to use the membership/program(s).

Signature: _____ Date: _____

YMCA OF NORTHWEST NORTH CAROLINA

P 336 777 8055 www.ymcanwnc.org A United Way Agency

Our Mission: "Helping all people reach their God-given potential in spirit, mind and body."