



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OPEN DOORS APPLICATION

PLEASE CHECK ONE: <input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal	
APPLICATION RECEIVED DATE: ____/____/____	
Received by YMCA Staff: _____	Branch: _____

Our Open Doors Financial Assistance is approved for a maximum of **ONE YEAR** and includes **TOTAL HOUSEHOLD INCOME**. If you are approved and you join the YMCA, it is your responsibility to update your Open Doors application prior to your renewal date. If you do not renew your Open Doors information and provide proof of income in a timely manner your membership and/or program will go to **FULL PRICE**.

Required Documentation: In order to process your application, you **MUST** attach copies of the following items to the completed application. This application will only be processed if the application is completed and the required items are attached.

- ___ A copy of the most recent tax return for everyone living in the household **OR** verification of non-requirement to file (Phone Number for the IRS: 1-800-829-1040)
- ___ The last two paycheck stubs of everyone in the household who is working
- ___ Letter from the Social Security Administration if applicable
- ___ Proof of any other source of income if applicable

Applicant Information: (Please print clearly)

First Name _____ MI _____ Last Name _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____ + _____

Birth Date: ____/____/____ Gender: (circle one) Male Female

Other Adults and/or Dependents: (Those listed as dependents on tax returns.) Use additional sheet if needed.

First Name	MI	Last Name	Age	DOB	Gender
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



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This is an application for financial assistance for:

___ **PROGRAM:** () Aquatics () Childcare () Youth Sports () Adult Sports () Other _____

___ **NEW MEMBERSHIP** or ___ **RENEWAL MEMBERSHIP:** What type?

- Teen (12-18) Young Adult (19-25) Adult (26-64)
- Senior (65+) Adult w/ Dependents Household w/ Dependents

How much can you afford to pay? _____

Total Household Income and Expenses:

Monthly Income

Your gross income	\$
2 nd Adult's gross income	\$
Other Adults' gross income	\$
Child Support Receiving	\$
Aid to Dependents	\$
Welfare	\$
Alimony Receiving	\$
Food Stamps	\$
Social Security	\$
Social Security Disability	\$
401K/Retirement Funds	\$
Annuity/Investment Income	\$
Other	\$
Total	\$

Monthly Expenses

Rent/Mortgage	\$
Utilities	\$
Telephone	\$
Vehicle Payment	\$
Vehicle Insurance	\$
Medical/Dental Expenses	\$
Tuition/College Loans	\$
Alimony Paying	\$
Child Support Paying	\$
Childcare	\$
Other	\$
Other	\$
Other	\$
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 the front of the 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 status but **WILL** result in an increase of dues to the **FULL MEMBERSHIP 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.

Signature: _____ **Date:** _____



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Branch Office Use Only

New Applicant

Renewal

Financial Assistance Approved: Yes No

Income & Household Verified: Yes No

What Program? _____

Program: \$ _____ **Subsidized by YMCA:** _____ % **Amount Subsidized: \$** _____

Paid by Applicant: _____ % **Amount Paid: \$** _____

What Type of Membership? _____

Membership: \$ _____ **Subsidized by YMCA:** _____ % **Amount Subsidized: \$** _____

Paid By Applicant: _____ % **Amount Paid: \$** _____

Joining Fee: \$ _____ **Subsidized by YMCA:** _____ % **Amount Subsidized: \$** _____

Paid by Applicant: _____ % **Amount Paid: \$** _____

Date begins: _____ **Date ends:** _____

YMCA Staff Signature: _____ **Date:** _____

Date entered into DAXKO: _____

Date Called: _____

Notes: _____

