

# YMCA

## Application for Open Doors – 25% Discount (front side) Financial Assistance – Greater than 25% (both sides)

### APPLICANT INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Birth Date \_\_\_\_\_  
E-mail \_\_\_\_\_  
Employer/Work Phone \_\_\_\_\_  
Medicaid Insurance Plan \_\_\_\_\_  
(Keystone First or Health Partners/Kidz Partners)  
Type of membership requested: \_\_\_\_\_

Type of Assistance Applying for  
 Open Doors (complete this side only)  
Adults earning <\$40,000 gross income  
Families earning <\$80,000 gross income  
 Financial Assistance (complete both sides)

Assistance requested:  
 Membership  Childcare  Day Camp  
 Instructional program  other \_\_\_\_\_

### CO-APPLICANT INFORMATION

Co-Applicant Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Birth Date \_\_\_\_\_

Not applicable, no other adult  
resides in this household

### FAMILY INFORMATION (if applicable)

Dependent's Name	Age	Birth Date	Insurance Plan
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### OTHER

How will participation benefit the individual(s), you or your family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SIGNATURES

I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand that I may lose all YMCA privileges for lack of payment or falsifying information in connection with this application. I understand that I must bring documentation every two years to qualify for the Financial/Assistance Rate.

Applicant Signature \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only: Date Received \_\_\_\_\_ Verify 1040 \_\_\_\_\_ Total AGI \$ \_\_\_\_\_

Membership Staff signature \_\_\_\_\_ Supervisor Signature \_\_\_\_\_

# Financial Assistance Application

## FINANCIAL INFORMATION

Please check the box or boxes that represent the type of monthly household income you receive. The following documentation is required: A copy of your Federal Tax Form (1040) and two recent paychecks for each applicant.

Income (check those that apply)	Monthly Amount
<input type="checkbox"/> Wages/Salaries/Tips	\$ _____
<input type="checkbox"/> Unemployment Comp	\$ _____
<input type="checkbox"/> Social Security Income	\$ _____
<input type="checkbox"/> Child Support/Alimony Received	\$ _____
<input type="checkbox"/> Aid to Dependent Children	\$ _____
<input type="checkbox"/> Pension	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<b>Total Income</b>	<b>\$ _____</b>

\*Licensed Programs may require CCIS application: Child Care, Day Camp, and Nursery School.

## SIGNATURES

I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand that I may lose all YMCA privileges for lack of payment or falsifying information in connection with this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Date Received \_\_\_\_\_ Verify 1040 \_\_\_\_\_ Total AGI \$ \_\_\_\_\_

Membership Staff signature \_\_\_\_\_ Supervisor Signature \_\_\_\_\_