



## Application for Open Doors – 25% Discount Financial Assistance – Greater than 25%

### Applicant Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Email \_\_\_\_\_  
 Employer/Work Phone \_\_\_\_\_  
 Medicaid Insurance Plan \_\_\_\_\_

**Type of Assistance Applying for:**  
 Open Doors (complete this side only)  
     For adults earning <\$40,000  
     For families earning <\$80,000  
 Financial Assistance (complete BOTH sides)  
**Assistance requested for:**  
 Membership  Childcare  Day Camp  
 Instructional program  Other \_\_\_\_\_  
 (Keystone First or Health Partners)

### Co-Applicant Information

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

Not applicable, no other adult  
resides in this household

### Family Information

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

### Important Other Information (Please Attach)

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

Would you be willing to volunteer?    \_\_\_ Yes \_\_\_ No

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

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

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 \_\_\_\_\_ % Awarded \_\_\_\_\_ % Due \_\_\_\_\_ Expires \_\_\_\_\_

Included Activities \_\_\_\_\_