

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 _____	\$ _____
Total Income	\$ _____

*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 _____