

Southern District 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 _____	Type of membership requested: _____  Type of Assistance Applying for <input type="checkbox"/> Open Doors 25% discount (complete this side only) Adults earning <\$40,000 gross income Families earning <\$80,000 gross income <b>Provide copy of 1040 w/application</b> <input type="checkbox"/> Financial Assistance above 25% (complete both sides) Assistance requested: <input type="checkbox"/> Membership <input type="checkbox"/> Childcare <input type="checkbox"/> Day Camp <input type="checkbox"/> Instructional program <input type="checkbox"/> other _____
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**CO-APPLICANT INFORMATION**

Co-Applicant Name _____ <input type="checkbox"/> Employer _____ Work Phone _____ Birth Date _____	Not applicable if no other adult resides in this household
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**FAMILY INFORMATION (if applicable)**

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

**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 \_\_\_\_\_ Date \_\_\_\_\_

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

Office Use Only: Date Received \_\_\_\_\_ Verify 1040 \_\_\_\_\_ Total gross income

\$ \_\_\_\_\_  
 Membership Staff signature \_\_\_\_\_ Supervisor/2<sup>nd</sup> Staff 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 School Age Child Care Programs require DHHS public funding application.

## 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 gross income  
\$ \_\_\_\_\_  
Membership Staff signature \_\_\_\_\_ Supervisor Signature \_\_\_\_\_