

**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**  
 Open Doors 25% discount (complete this side only)  
     Adults earning <\$40,000 gross income  
     Families earning <\$80,000 gross income  
     **Provide copy of 1040 w/application**  
 Financial Assistance above 25% (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 if no other adult  
 resides in this household

**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 11 months 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/2nd 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 Programs may require DHHS Public funding application: Child Care and Day Camp

## 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/2<sup>nd</sup> Staff Signature \_\_\_\_\_