



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Date Submitted:

\_\_\_\_\_

Please allow up to 10 business days for financial assistance applications to be processed.

# WE'RE HERE TO HELP YOU

## OPEN DOORS APPLICATION FORM

**APPLICANT INFORMATION**

New Application  
 Renewal

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Applicants Birthdate (MM/DD/YEAR ex. 01/01/1984) \_\_\_\_\_

If applicant is under 18, Parent or Guardian's Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**ALL PERSONS LIVING IN THE HOUSEHOLD**  
Place a checkmark for each family member applying for Open Doors

	Name	DOB	Age	M or F
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**THIS APPLICATION IS FOR:**

Membership

Afterschool Program

What school? \_\_\_\_\_

Swim Lessons ONLY

Youth Sports ONLY

Camp

**FINANCIAL INFORMATION REQUIRED**

1) What is your current annual gross household income?  
\$ \_\_\_\_\_

2) Did you or another member of your household file taxes last year? \_\_\_YES \_\_\_NO

If **YES** → submit a copy of your most recent federal 1040 tax form **AND** at least **ONE** of the following:

- Last two paystubs, for everyone in the household
- Retirement income documentation
- Social security or disability award letter(s)
- Unemployment income verification

If **NO** → submit a copy of **ALL** of the supporting documents below that are applicable:

- Last two paystubs, for everyone in the household
- Retirement income documentation
- Social security or disability award letter(s)
- Unemployment income verification
- Temporary cash assistance
- If \$0 income, a letter stating how you meet your expenses

3) Do you receive child support? \_\_\_Yes \_\_\_No  
If Yes, what is the monthly support? \_\_\_\_\_  
(submit supporting documents)



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### MONTHLY INCOME

Wages, Salaries & Tips \$ \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Aid to Dependent Children \$ \_\_\_\_\_  
 Food Stamps \$ \_\_\_\_\_  
 401K/Retirement Funds \$ \_\_\_\_\_  
 Alimony \$ \_\_\_\_\_  
 Housing Subsidy/Other \$ \_\_\_\_\_  
**TOTAL INCOME** \$ \_\_\_\_\_

### MONTHLY EXPENSE

Rent/Mortgage \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Food/Clothing \$ \_\_\_\_\_  
 Medical \$ \_\_\_\_\_  
 Phone \$ \_\_\_\_\_  
 Car/Insurance \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Alimony \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**TOTAL EXPENSES** \$ \_\_\_\_\_

## OPEN DOORS AGREEMENT

The Foothills Area YMCA is a non-profit, charitable organization open to all people regardless of age, race, sex, religion, or ability to pay. The Foothills Area YMCA will not deny services to anyone because of inability to pay. Open Doors will be granted based upon available resources to anyone who can demonstrate a verifiable need through recognized proof of income. Valid proof of income will include but are not limited to the last tax return, your last paycheck stubs, and/or your most recent W2 forms. Copies of all sources of income are due before the membership can be started. Additionally, proof of all sources of income is due prior to scholarships being awarded for all programs such as CAMP, Afterschool Care, swim lessons, etc.

By my signature,

- I certify the information provided to be true. I understand that if any information is found to be false, my assistance may be subject to termination.
- I understand I will be asked to pay a portion of the fees through a monetary commitment and that failure to complete my financial commitment will prohibit me from applying again until those fees are paid. All fees must be paid with a payment method kept on file (credit card, debit card, bank account) for automatic payment of membership fees.
- If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the Y so that others in need may avail themselves of assistance.
- I understand that assistance is for a specific period of time not to exceed 12 months for Membership and 9 months for After School. I understand that I must renew my financial assistance application prior to the end of the assistance period or my rate will automatically return to the full amount unless I terminate said membership.**

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

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Date Received ____ Received By ____ Date Completed _____
Percent Assistance ____ Paid by Member ____ Notes _____