



## Open Doors/Financial Assistance Application

### Applicant Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Phone \_\_\_\_\_

Type of Assistance Applying for:  
 Open Doors (complete this side only)  
 Financial Assistance (complete BOTH Sides)

Assistance needed for:  
 membership                       child care/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

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

### 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 further understand that the YMCA may verify income/expense information by calling employers or requesting copies of bills.

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



# Financial Assistance Application

## Financial Information

Please itemize your monthly income & expenses and attach supporting documentation.

<b>Income</b>	<b>Monthly Amount</b>	<b>Expense</b>	<b>Monthly Amount</b>
Gross Wages/Salaries/Tips	\$ _____	Rent/Mortgage	\$ _____
Unemployment Comp	\$ _____	Utilities	\$ _____
Social Security Income	\$ _____	Food	\$ _____
Child Support/Alimony	\$ _____	Clothing	\$ _____
Aid to Dependent Children	\$ _____	Phone (home & cell)	\$ _____
Food Stamps	\$ _____	Car	\$ _____
401K/investment income	\$ _____	Insurance	\$ _____
Saving Account Balance	\$ _____	Alimony/Child Sup.	\$ _____
Rental Income	\$ _____	Medical	\$ _____
Educational Loans	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
<b>Total Income</b>	\$ _____	<b>Total Expense</b>	\$ _____

## 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 further understand that the YMCA may verify income/expense information by calling employers or requesting copies of bills.

Applicant Signature \_\_\_\_\_

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

## Office Use Only:

Date Received \_\_\_\_\_ % Awarded \_\_\_\_\_ % Due \_\_\_\_\_ Expires \_\_\_\_\_ Included Activities \_\_\_\_\_