

DUBOIS AREA YMCA OPEN DOOR APPLICATION

_____ New Application

_____ Renewal Application

Membership Type:

___ Family

___ Senior Family

___ Adult

___ Senior Adult

___ Young Adult

___ College

Application Information:

Applicant's Name: _____ Gender: _____ Date of Birth: _____
(parent or guardian if applying for youth)

Mailing Address: _____ City: _____ Zip: _____

E-mail Address: _____ Phone Number: _____

Employer: _____ Work Phone: _____

Spouse's Name: _____ Gender: _____ Date of Birth: _____

Employer: _____ Work Phone: _____

Children – 17 & under and / or full-time college students age 25 or under:

Child's Name: _____ Gender: _____ Date of Birth: _____

Child's Name: _____ Gender: _____ Date of Birth: _____

Child's Name: _____ Gender: _____ Date of Birth: _____

Child's Name: _____ Gender: _____ Date of Birth: _____

Child's Name: _____ Gender: _____ Date of Birth: _____

REQUIRED DOCUMENTATION - YOUR APPLICATION WILL BE RETURNED IF YOU DO NOT PROVIDE THE CORRECT INCOME VERIFICATION. WE REQUIRE THE FOLLOWING:

- Most recent Federal Income Tax (1040) or proof of non-filing status
 - W-2 is not acceptable.
- You must provide written proof of any income received from Unemployment Compensation, Social Security, SSI, etc.
- If you have had major financial changes from last year's taxes, please provide documentation explaining such changes.

Important Things to Remember:

- Assistance is granted on the current year's Federal Poverty Guidelines (on a sliding scale). Applications MUST be completed in entirety in order for a decision to be rendered.
- Please allow (1) month from the time the Membership Director receives the application for a determination.
- Please return the application to the YMCA Director of Membership Services in a sealed envelope. If mailing, the post office requires two (2) stamps.
- The Program is not retroactive for a membership which has already been purchased.
- All decisions are final.
- Failure to comply with any or all regulations set forth in the By-Laws and Constitution of this organization will result in the revocation of your privileges to this Program.

TOTAL HOUSEHOLD INCOME				
Are you employed?	___ No ___ Yes	\$ _____	per month	
Is your spouse employed?	___ No ___ Yes	\$ _____	per month	
Are any of your children employed?	___ No ___ Yes	\$ _____	per month	
Do you or your spouse receive unemployment ...	___ No ___ Yes	\$ _____	per month	
Are you receiving any of the following:				
Social Security Benefits?	___ No ___ Yes	\$ _____	per month	
Spousal Support?	___ No ___ Yes	\$ _____	per month	
Child Support?	___ No ___ Yes	\$ _____	per month	
Social Security for dependent child?	___ No ___ Yes	\$ _____	per month	
Food stamps?	___ No ___ Yes	\$ _____	per month	
401K / Retirement funds?	___ No ___ Yes	\$ _____	per month	
Support from family, home country, others?	___ No ___ Yes	\$ _____	per month	
Student Loans?	___ No ___ Yes	\$ _____	per month	

YMCA believes a strong sense of ownership and pride is developed if the assistance recipient has contributed to the cost of their YMCA involvement. What is the dollar amount (per month) you are able and willing to pay for your membership? \$ _____ per month

I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of any change in information supplied in this application such as income, address, living arrangements, marital status or other matters that might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can and may result in immediate revocation of membership and program privileges.

Signature of applicant _____ Spouse _____ Date _____

FOR OFFICE USE ONLY

Membership Type: _____ Date: _____

Discount Applicable: _____ Cost: _____

Approval By: _____