



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALWAYS WELCOME AT THE Y

Open Doors Financial Assistance Application

PRIMARY ADULT (please print legibly)

First & Last Name _____ Date of Birth _____ Phone _____
Address (include apt # if applicable) _____
City _____ State _____ Zip _____
Email _____ Are you age 65 or over? Yes No

SECOND ADULT (living in same household)

First & Last Name _____ Date of Birth _____ Phone _____

THIRD ADULT (living in same household)

First & Last Name _____ Date of Birth _____ Phone _____

DEPENDENTS/ADDITIONAL MEMBERS (living in same household)

First & Last Name _____	DOB _____	First & Last Name _____	DOB _____
First & Last Name _____	DOB _____	First & Last Name _____	DOB _____
First & Last Name _____	DOB _____	First & Last Name _____	DOB _____

WHAT TYPE OF MEMBERSHIP ARE YOU APPLYING FOR?

Individual Adult+1 Family

The maximum amount that I can pay per month is \$ _____ (required).

WHAT TYPE OF PROGRAMS ARE YOU APPLYING FOR? (If applying for membership only, this section is not required.)

CHILD CARE Participant Name(s) _____ _____ _____	DAY CAMP Participant Name(s) _____ _____ _____	CAMP RACING MOON Participant Name(s) _____ _____ _____
YOUTH SPORTS Participant Name(s)/Sport Name(s) _____ _____ _____	SWIM LESSONS Participant Name(s) _____ _____ _____	OTHER PROGRAMS Participant Name(s)/Program Name(s) _____ _____ _____

HOUSEHOLD INCOME

All personal information will be kept confidential and secure. Did you file a tax return this year?

Adjusted Gross Income

(Form 1040, line 37)

Yes

Please supply a copy of the first two pages of the most recent 1040 for all adults in household who will be included in YMCA membership and who are not claimed as a dependent on another adult member's taxes. **If you are age 65 or older, a tax return is not required.**

No

Please complete IRS form 4506T statement of non-filing so we may verify non-filing status.

HOUSEHOLD EXPENSES

To qualify for Open Doors, please provide the documents for one of the following scenarios:

Mortgage/Rent _____ Utilities _____ Food _____ Child Care _____
Medical _____ Credit Cards _____ Loans _____
Other (please specify) _____ Other (please specify) _____

ADDITIONAL INFORMATION

1. If applying for assistance for childcare or day camp, are you working or studying at least 20 hours per week? Yes No

2. Why do you need financial assistance for YMCA membership or programs?

SUPPORTING THE Y

Financial assistance is made possible through the generosity of donors and members. Are you willing to share your YMCA story to help support the Y's fundraising campaign? Yes No

Are you willing to volunteer? Yes (In what area(s) would you be interested in volunteering? _____) No

CERTIFICATION OF INFORMATION

I certify that the information listed on this form is correct to the best of my knowledge. I understand that the YMCA of the Chesapeake is a nonprofit organization and that financial assistance is made possible through the generosity of donors and members. I understand that financial assistance will be awarded on a first-come, first-served basis. I agree to notify the Y if my financial situation improves, so that my financial assistance can be re-evaluated, thus providing more opportunities for others in our community. I understand that to maintain my financial assistance, the YMCA may, upon request, require updated financial information. I will be afforded at least 30 days to provide information when requested. Failure to do so may lead to the revocation of my financial assistance or termination of membership.

Please note that your approval rate is pending verification from our management team.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Date _____ Unit ID _____ Household Adjusted Gross Income \$ _____

Membership Type: Individual Adult+1 Family Full rate for Membership type requested \$ _____

Rate member can pay \$ _____ Rate per scale \$ _____ Approved rate \$ _____ Discount Group Level _____

Program Discount (%) _____ Childcare & Camp Discount (%) _____

Processor Name _____ Signature _____ Date _____

Membership Director Name _____ Signature _____ Date _____

Executive Director Name _____ Signature _____ Date _____

Executive director signature is required for all for all rates awarded below the approved Open Doors rate and for extenuating circumstances.