



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 Active Duty Military? 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).
 65+ 65+ Couple 3 Adult Household Single Parent Family Youth Young Adult

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

YOUTH SPORTS Participant Name(s) _____ _____ _____	SWIM LESSONS Participant Name(s) _____ _____ _____	CHRISTENSEN FAMILY CAMP Participant Name(s) _____ _____ _____
GYMNASTICS Participant Name(s)/Sport Name(s) _____ _____ _____	HOCKEY 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)

Monthly Gross Income

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. Active duty military can supply military ID for ranks E1-E6 as income verification for membership. If you are age 65 or older, a tax return is required on or before your 1-year membership anniversary.

No

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

ADDITIONAL INFORMATION

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

Name of school/employer _____

Supervisor/contact details _____

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 Fremont Family YMCA 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 \$ _____ Military Rank _____

Membership Type: Individual Adult+1 Family

65+ +65+ Couple 3 Adult Household Single Parent Household Youth Young Adult

Full rate for Membership type requested \$ _____ Rate member can pay \$ _____ Rate per scale \$ _____

Approved rate \$ _____ Discount Group Level _____ Program Discount (%) _____ Camp Discount (%) _____

Processor Name _____ Signature _____ Date _____

Membership Director Name _____ Signature _____ Date _____

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



Income / Expenses Worksheet

Income:

- \$ _____ 1) Your Gross Monthly Income
- \$ _____ 2) Spouse's Gross Monthly Income
- \$ _____ 3) Child Support
- \$ _____ 4) Aid to Dependent Children
- \$ _____ 5) Welfare (submit copy of card)
- \$ _____ 6) Food stamps
- Y ___ N ___ 7) Reduced lunch program
(submit copy of card)
- \$ _____ 8) Other (please explain)

Expenses:

- \$ _____ 1) Rent/mortgage (circle one)
- \$ _____ 2) Auto loan
- \$ _____ 3) Utilities
- \$ _____ 4) Cable
- \$ _____ 5) Phone (listed in your name)
- \$ _____ 6) Cell phone
- \$ _____ 7) Child support
- \$ _____ 8) Medical
- \$ _____ 9) Child care
- \$ _____ 10) Other (please explain)

\$ _____ TOTAL MONTHLY INCOME
(HOUSEHOLD)

\$ _____ TOTAL MONTHLY INCOME MINUS EXPENSES
(HOUSEHOLD)

\$ _____ TOTAL MONTHLY EXPENSES

This is a request for RENEWAL of my membership (please complete BOTH survey and financial aid explanation on next page)

SURVEY FOR RENEWING MEMBERS

Please circle '1' if you strongly agree, '2' if you agree, '3' if you disagree, '4' if you strongly disagree or 'NA' if statement does not apply.

A membership to the YMCA has:

Allowed us to spend more time together as a family	1	2	3	4	NA
Helped my family develop a healthier lifestyle	1	2	3	4	NA
Given my child(ren) a fun and safe place to be	1	2	3	4	NA
Given my child(ren) a chance to make new friends	1	2	3	4	NA
Helped my child(ren) develop more self confidence through participation in YMCA programs/classes	1	2	3	4	NA
Helped my child develop positive values and behaviors	1	2	3	4	NA
Given my child(ren) the opportunity to interact with positive role models (instructors/staff/volunteers)	1	2	3	4	NA