



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).

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

<b>CHILD CARE</b> Participant Name(s) _____ _____ _____	<b>DAY CAMP</b> Participant Name(s) _____ _____ _____	<b>PRESCHOOL</b> Participant Name(s) _____ _____ _____
<b>YOUTH SPORTS</b> Participant Name(s)/Sport Name(s) _____ _____ _____	<b>SWIM LESSONS</b> Participant Name(s) _____ _____ _____	<b>OTHER PROGRAMS</b> Participant Name(s)/Program Name(s) _____ _____ _____

# HOUSEHOLD INCOME

All personal information will be kept confidential and secure. The application should have the following forms attached. Failure to provide these forms will result in a delay or termination of processing your application:

**Adjusted Gross Income**  
(Form 1040, line 37)

- Two recent paycheck stubs (if working)
- Most recent tax forms (front page only)
- Other Income (SSI, Child Support, Etc.)
- College enrollment forms for current semester

# 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

Name of school/employer \_\_\_\_\_

Supervisor/contact details \_\_\_\_\_

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

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# 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 South Hampton Roads 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 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.