

# YMCA OF CENTRE COUNTY OPEN DOORS APPLICATION



New Application

Renewal Application

## Membership Type:

Youth

Senior

Senior Family

Student

Partner/Couple

One Parent Family

Adult

Family

## Application Information:

Applicant's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Parent/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: \_\_\_\_\_

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## REQUIRED DOCUMENTATION:

Please submit your completed application along with copies (do not send originals- items will not be returned) of all applicable documentation. The YMCA reserves the right to hold processing of applications until all required information is submitted.

Please provide copies of the following:

- Most recent Federal Income Tax 1040 or proof of non-filing status
- Two most recent paycheck stubs or unemployment checks
- Two most recent bank statements
- Proof of any other assistance or income you receive (Food Stamps, SSI, Child or Spousal Support, etc.)
- \*If you are or claim a full-time student, please provide an Academic Verification Letter from your school
- If you are claimed as a dependent on someone else's Federal Income Tax, please provide copies of page 1 & 2 of that form.

## IMPORTANT THINGS TO REMEMBER:

- ✓ Assistance is granted based on the current year's Federal Poverty Guidelines (a sliding scale). Available on our website [www.ymcaocc.org](http://www.ymcaocc.org)
- ✓ Due to funding restraints, the YMCA may need to limit the number of consecutive assistance requests that a person may receive.
- ✓ Special Programs, including personal training, nutrition counselling, tutoring and private swim lessons are not eligible for assistance.
- ✓ Each member of the family may register for two (2) programs per session at the reduced rate. If additional programs are desired, the full member rate applies.
- ✓ A minimum of \$15 applies for all fees.
- ✓ A maximum of 50% off member-pricing program fees will be offered to those who qualify
- ✓ Assistance for childcare and summer camps are determined by the Child Care Director at each branch.  
To inquire for assistance with childcare, please contact the appropriate director at your home branch.
- ✓ Financial Assistance is reviewed annually, and new applications and documentation are required.
- ✓ Incomplete applications will not be considered.
- ✓ Please allow 10 business days for processing

<b>TOTAL HOUSEHOLD INCOME</b>			
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 children? .....	___ No	___ Yes	\$ _____ per month
Food Stamps? .....	___ No	___ Yes	\$ _____ per month
401K/Retirement Funds? .....	___ No	___ Yes	\$ _____ per month
Support from family, home country, other? .....	___ No	___ Yes	\$ _____ per month
Student Loans? .....	___ No	___ Yes	\$ _____ per month

The 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 a 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 changes 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 \_\_\_\_\_

# In Household	Annual Gross Income								
	% off	80%	70%	60%	50%	40%	30%	20%	10%
1		\$16,988	\$20,385	\$23,783	\$27,180	\$30,578	\$33,975	\$37,373	\$40,770
2		\$22,888	\$27,465	\$32,043	\$36,620	\$41,198	\$45,775	\$50,353	\$54,930
3		\$28,788	\$34,545	\$40,303	\$46,060	\$51,818	\$57,575	\$63,333	\$69,090
4		\$34,688	\$41,625	\$48,563	\$55,500	\$62,438	\$69,375	\$76,313	\$83,250
5		\$40,588	\$48,705	\$56,823	\$64,940	\$73,058	\$81,175	\$89,293	\$97,410
6		\$46,488	\$55,785	\$65,083	\$74,380	\$83,678	\$92,975	\$102,273	\$111,570
7		\$52,388	\$62,865	\$73,343	\$83,820	\$94,298	\$104,775	\$115,253	\$125,730
8		\$58,288	\$69,945	\$81,603	\$93,260	\$104,918	\$116,575	\$128,233	\$139,890

For each additional person, add \$5,900 to 80% column and multiply following percentages by 12%

**FOR YMCA USE ONLY:**

APPLICATION REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ ASSISTANCE GRANTED: \_\_\_ YES \_\_\_ NO

ELIGIBLE FOR \_\_\_\_\_% OFF OF MEMBERSHIP AND \_\_\_\_\_% OFF OF PROGRAM PRICING- \*50% max off of program rates

WILL PAY \$ \_\_\_\_\_ ANNUAL MEMBERSHIP WILL PAY \$ \_\_\_\_\_ MONTHLY MEMBERSHIP

NOTES:

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