

YMCA OF CENTRE COUNTY OPEN DOORS APPLICATION



New Application

Renewal Application

Membership Type:

Adult

Family

One Parent Family

Youth

Senior

Senior 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: _____

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:

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 pay check 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 pp.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
- 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 \$10 applies for all fees.
- A maximum of 50% off of member-pricing program fees will be offered to those who qualify
- Assistance for child care and summer camps are determined by the Child Care Director at each branch. To inquire for assistance with child care, 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

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 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		\$14,400	\$16,100	\$18,000	\$20,200	\$22,600	\$25,300	\$28,300	\$31,700
2		\$18,900	\$21,200	\$23,700	\$26,500	\$29,700	\$33,300	\$37,300	\$41,800
3		\$23,400	\$26,200	\$29,300	\$32,800	\$36,700	\$41,100	\$46,000	\$51,500
4		\$27,900	\$31,200	\$34,900	\$39,100	\$43,800	\$49,100	\$55,000	\$61,600
5		\$32,400	\$36,300	\$40,700	\$45,600	\$51,100	\$57,200	\$64,100	\$71,800
6		\$36,900	\$41,300	\$46,300	\$51,900	\$58,100	\$65,100	\$72,900	\$81,600
7		\$41,400	\$46,400	\$52,000	\$58,200	\$65,200	\$73,000	\$81,800	\$91,600
8		\$45,900	\$51,400	\$57,600	\$64,500	\$72,200	\$80,900	\$90,600	\$101,500

For each additional person, add \$4,500 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: _____