



YMCA of Centre County Open Doors Application

Application Type: ___ New ___ Renewal

MEMBERSHIP TYPE

<input type="radio"/> Youth	<input type="radio"/> Student	<input type="radio"/> Adult	<input type="radio"/> Partner/Couple
<input type="radio"/> Senior	<input type="radio"/> Senior Family	<input type="radio"/> One Parent Family	<input type="radio"/> Family

APPLICANT'S INFORMATION

Applicant's Name:	Gender: M or F	Date of Birth:
Mailing Address:	City:	Zip:
E-mail Address:	Phone Number:	
Partner's Name:	Gender: M or F	Date of Birth:
E-mail Address:	Phone Number:	

DEPENDENT INFORMATION

Child's Name:	Gender: M or F	Date of Birth:
Child's Name:	Gender: M or F	Date of Birth:
Child's Name:	Gender: M or F	Date of Birth:
Child's Name:	Gender: M or F	Date of Birth:
Child's Name:	Gender: M or F	Date of Birth:

REQUIRED DOCUMENTATION

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

Please provide copies of the following:

- Most recently filed Federal Income Tax 1040 or proof of non-filing status
- Two months of most recent pay check stubs or unemployment checks
- Two most recent bank statements
- Proof of any other assistance or income you receive (ex. 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 Tax Return, please provide copies of pg. 1 & 2 of that form

IMPORTANT THINGS TO REMEMBER

- * Assistance is granted based on the current year's Federal Poverty Guidelines
- * 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 counseling, tutoring and private swim lessons, are not eligible for assistance
- * 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
- * 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

HOUSEHOLD INCOME

Applicant's monthly earned income	\$	Employer:
Partner's monthly earned income	\$	Employer:
Dependent's monthly earned income	\$	Employer:

UNEARNED INCOME

Unemployment Compensation Benefits	\$	Earned by:
Social Security Benefits	\$	Earned by:
Spousal Support	\$	Earned by:
Child Support	\$	Earned by:
Retirement Income	\$	Earned by:
Support from family, home country, other?	\$	Earned by:
Student Loans	\$	Earned by:

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 arrangement, 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 _____

Date _____

Signature of Partner _____

Date _____

FOR YMCA USE ONLY

Unit ID: _____ Last Name: _____ First Name: _____ Renewal Date: _____

Application Reviewed by: _____ Date: _____ Assistance Granted: Y N Eligible for _____% off of membership and _____% off program pricing Will pay \$ _____ for annual membership / Will pay \$ _____ for monthly membership