



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

BECAUSE EVERYONE BELONGS

**YMCA of the
Chesapeake**

**Open Doors
Application**



YMCA OF THE CHESAPEAKE BRANCHES: Easton,
St Michael's, Cecil County, Queen Anne's County,
Caroline County, Dorchester County, Richard A.
Henson, Lower Shore and Chincoteague

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Confidential Financial Assistance Application

(Please complete this application entirely. Providing as much information as possible is appreciated. A complete application, with as many details as possible, will allow us to process your application quickly.)

I am applying to renew my current assistance expires _____

I am applying for assistance for the first time

I am applying for assistance for: Membership Only
 Programs Only, which programs _____
 Both Membership & Programs

- Membership can include anyone in your household that wants to be a member. Your rate is determined by how many people in your household are members.
- Who will be the primary account holder? Individual Adult Senior Adult (62+)
- How many: ___ Additional Adults ___ Additional Seniors
___ Children 0-18 ___ College Students (full time) under 26

Your application cannot be processed without answering the following questions. Please be specific:

How much can you afford to pay a month towards membership? _____

How much can you afford to pay toward programs? _____

First Adult

Name: _____ Date: _____
Address: _____ City/State/Zip: _____
Phone (h): _____ Phone (c): _____ email _____
Date of Birth: _____ Employer: _____

Additional Adults

Name: _____ DOB: _____ Phone: _____
email _____ Employer: _____
Name: _____ DOB: _____ Phone: _____
email _____ Employer: _____
Name: _____ DOB: _____ Phone: _____
email _____ Employer: _____

Children to be included on membership

Name: _____ DOB: _____ Age: _____ College: Y/N
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Name: _____ DOB: _____ Age: _____ College: Y/N

Total Number of Dependents on Tax Return: _____

Number of Adults in the home: _____ Number of Children in the home: _____

**To qualify for Open Doors, please provide the documents
for one of the following scenarios:**

I filed a Federal Tax Return for last year

- 1040 Federal Tax forms for ALL who have filed in the household.

I am providing _____ 1040 forms.

I receive assistance and must provide the following:

- Social Services/DHR Award Letter showing proof of Food Stamps, TCA and/or Temporary Disability.
- Proof of Child Support
- Proof of Social Security, SSI or VA Compensation.
- Unemployment Compensation Letter
- Proof of Foster Stipend

\$ _____
Total Annual Household Income

**I did not file Federal Taxes for last year
OR my household income has changed
since I filed for last year**

Documents showing income from ALL sources:

- Pay Stubs (last 30 days)
- Letter from Employer
- Social Services/DHR Award Letter showing proof of Food Stamps, TCA and/or Temporary Disability.
- Proof of Child Support
- Proof of Social Security, SSI or VA Compensation.
- Unemployment Compensation Letter
- Proof of Foster Stipend

\$ _____
Total Monthly Household Income

OR

Monthly Expenses:

Mortgage/Rent _____

Utilities _____

Food _____

Child Care _____

Medical _____

Credit Cards _____

Loans _____

Other (please specify) _____

Other (please specify) _____

TELL US MORE!

Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I want/need Open Doors Assistance because:

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family. I understand that false or incomplete information could jeopardize my financial assistance.

Applicant Signature: _____
(applicant must be 18 years or older)

Date: _____

OFFICE USE ONLY

YMCA Welcome Center Staff Name (Print): _____

Date: _____

