

Juniata Valley YMCA Open Door

Applicant's Name _____ Date _____
 Email _____ DOB _____
 Home Phone _____ Cell Phone _____
 Home Address _____

(street) (city/state) (zip)

Place of Employment _____ Business Phone _____
 2nd Adult in Household _____
 DOB _____ Place of Employment _____
 Home Phone _____ Business Phone _____

For which of the following are you seeking assistance?
 Membership Type: Child__ Youth__ College__ Adult__

1 Adult Household__ 2 Adult Household__

Current facility member? Yes No

*Must provide all household income regardless of type of membership applied for.

Dependents Living in Household

Name	Age	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Gross Annual Household Income

	Head of Household	2nd Adult in Household	Gross Income _____
Employment	_____	_____	Regular Fee _____
Child Support	_____	_____	Appl. Fee _____
Government Assistance	_____	_____	YMCA Asst. _____
Food Stamps	_____	_____	Scholarship Asst. _____
Other	_____	_____	Initials _____
Total	_____	_____	

To process your application, ALL of the following information is REQUIRED. If you did not file taxes, or you do not have one of the other required documents, you must submit a letter explaining your personal situation.

A copy the first page of your most recent tax return OR a copy of each adult's most recent W-2s (If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service.)

Proof of income for EACH ADULT in the household. This includes copies of the last TWO pay stubs, social security checks or disability checks. You may also submit copies of bank statements showing automatic monthly deposits of government checks.

Documentation of any federal assistance you receive such as food stamps, rent subsidy or Aid to Dependent Children cash assistance.

Application will be kept on file for 6 months only!

Describe your circumstances/reason for applying for financial assistance and any unusual expenses you must meet: (Attach additional pages if necessary.)

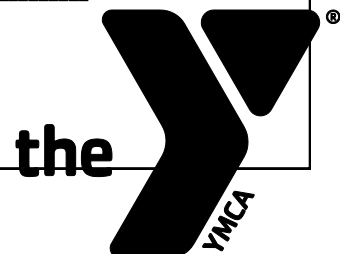
I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

Signature _____ Date _____

Office Use Only: Date Called _____ Time _____

Initials _____

Notes:



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