



# YMCA OF MIDDLE TENNESSEE OPEN DOORS CHARITABLE ASSISTANCE APPLICATION

Please bring this application, along with supporting documents noted above, to your YMCA center to apply for assistance.

## 1 APPLICANT INFORMATION

Name \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

If an applicant is under 18: Parent's or legal guardian's name \_\_\_\_\_

## 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each member that will be listed on the membership unit.

Parent/Guardian/Adult \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian/Adult \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Other dependent(s) \_\_\_\_\_

## 3 TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS

### I FILED FEDERAL TAXES FOR LAST YEAR

1040 FEDERAL TAX FORM(S) FOR ALL INCOMES IN THE HOUSEHOLD

I am an individual filing jointly; I am providing ONE 1040 form

We filed more than ONE tax form in our household; we are providing \_\_\_\_\_ 1040 forms.

\$ \_\_\_\_\_  
TOTAL ANNUAL HOUSEHOLD INCOME

OR

### I DID NOT FILE FEDERAL TAXES FOR LAST YEAR OR MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

DOCUMENTS SHOWING MOST RECENT 30 DAYS OF INCOME (Including bank statement and pay stubs, documentation of government assistance or documentation of other sources of income)

\$ \_\_\_\_\_ x 12 months = \$ \_\_\_\_\_  
30 DAYS INCOME TOTAL ANNUAL HOUSEHOLD INCOME

**4** By signing below, I certify that this application is true and accurate to the best of my knowledge, and that my household does not have income not represented in Section 3 of this application. I agree to provide additional documentation as requested by the YMCA to substantiate my financial assistance calculation. I acknowledge that charitable assistance is based on need and is provided in accordance with the guidelines set forth by the YMCA. In the event anyone in my household wishes to cancel their participation in YMCA programs/activities, I will contact the YMCA immediately so assistance may be redirected to others. I understand that falsification of this application may result in immediate termination of financial assistance and may disqualify my household from receiving financial assistance in the future.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR MEMBERSHIP STAFF USE

You have been pre-approved for a **monthly rate** of \$ \_\_\_\_\_ with a **joining fee** of \$ \_\_\_\_\_

The Open Doors Charitable Assistance program will pay a **monthly rate** of \$ \_\_\_\_\_ with a **joining fee** of \$ \_\_\_\_\_

You met with membership staff: \_\_\_\_\_ and \_\_\_\_\_

You must reapply by \_\_\_\_\_ or your monthly membership fee will revert to the full, unsubsidized membership fee.

Staff 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Center: \_\_\_\_\_ Member ID: \_\_\_\_\_

**This pre-approval is valid for 30 days and subject to verification.**