



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DATE SUBMITTED:

Please allow up to 10 business days for applications to be processed.

☐ New application

☐ Renewal

WE'RE HERE TO HELP YOU

OPEN DOORS APPLICATION FORM

APPLICANT INFORMATION

Please print legibly. All fields required unless not applicable.

Name

Mailing Address

City, State

Zip

()

Phone

Email - **PRINT LEGIBLY** as this will be our form of communication

/ /

Applicant's Birthdate (MM/DD/YEAR ex. 01/01/1984)

If applicant is under 18, Parent or Guardian's Name

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Phone

Email

ALL PERSONS LIVING IN THE HOUSEHOLD

Place a checkmark for each family member applying for Open Doors

| | NAME | DOB | AGE | M / F |
|--------------------------|------|-----|-----|-------|
| <input type="checkbox"/> | | / / | | |
| <input type="checkbox"/> | | / / | | |
| <input type="checkbox"/> | | / / | | |
| <input type="checkbox"/> | | / / | | |
| <input type="checkbox"/> | | / / | | |
| <input type="checkbox"/> | | / / | | |

ALL fields including supporting documentation below (1-3) are **REQUIRED** for all adults living in the same household.

FINANCIAL INFORMATION

1) What is your current **ANNUAL** gross household income?

\$

2) Did you or another member of your household file taxes last year?

☐ If **YES**:

- Submit a copy of your most recent federal 1040 tax form;
- AND** at least **ONE** of the following:
- Last two paystubs, for everyone in the household
- Retirement income documentation
- Social security or disability award letter(s)
- Unemployment income verification

☐ If **NO**:

Submit a copy of **ALL** of the supporting documents below that are applicable:

- Last two paystubs, for everyone in the household
- Retirement income documentation
- Social security or disability award letter(s)
- Unemployment income verification
- Temporary cash assistance
- If **\$0 income**, a letter stating how you meet your expenses

3) Do you receive child support? Yes ☐ No ☐

If Yes, what is the monthly support? \$ (submit supporting documents)

THIS APPLICATION IS FOR:

Check all that apply. Scholarship only apply to those listed below.

☐ Membership ☐ Community health program (fee-based)

☐ After School Care program at
Elementary School

☐ Swim Lessons ONLY

☐ Youth Sports ONLY

☐ Camp

Please print legibly. All fields required unless not applicable. You will be contacted via email so be sure to check your inbox and spam folders.

COMPLETE REVERSE SIDE >>



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FOOTHILLS AREA YMCA

Cottingham Campus
370 Memorial Drive
Seneca, SC 29672
864.571.9622
www.faymca.org

OPEN DOORS APPLICATION FORM (cont'd)

MONTHLY INCOME

Wages, Salaries & Tips (gross) \$ _____
Unemployment \$ _____
Social Security \$ _____
Child Support \$ _____
Aid to Dependent Children \$ _____
Food Stamps \$ _____
401K/Retirement Funds \$ _____
Alimony \$ _____
Housing Subsidy/Other \$ _____

TOTAL INCOME (required) \$ _____

MONTHLY EXPENSES

Rent/Mortgage \$ _____
Utilities \$ _____
Food/Clothing \$ _____
Medical \$ _____
Phone \$ _____
Car/Insurance \$ _____
Child Support \$ _____
Alimony \$ _____
Other \$ _____

TOTAL EXPENSES (required) \$ _____

OPEN DOORS AGREEMENT

The Foothills Area YMCA is a non-profit, charitable organization open to all people regardless of age, race, sex, religion, or ability to pay. The Foothills Area YMCA will not deny services to anyone because of inability to pay. Open Doors will be granted based upon available resources to anyone who can demonstrate a verifiable need through recognized proof of income. Valid proof of income will include but are not limited to the last tax return, your last paycheck stubs, and/or your most recent W2 forms. Copies of all sources of income are due before the membership can be started. Additionally, proof of all sources of income is due prior to scholarships being awarded for all programs such as CAMP, Afterschool Care, swim lessons, etc.

By my signature,

1. I certify the information provided to be true. I understand that if any information is found to be false, my assistance may be subject to termination.
2. I understand I will be asked to pay a portion of the fees through a monetary commitment and that failure to complete my financial commitment will prohibit me from applying again until those fees are paid. All fees must be paid with a payment method kept on file (credit card, debit card, bank account) for automatic payment of membership fees.
3. If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the Y so that others in need may avail themselves of assistance.
4. I understand that assistance is for a specific period of time not to exceed 12 months for Membership and 9 months for After School. I understand that I must renew my financial assistance application prior to the end of the assistance period or my rate will automatically return to the full amount unless I terminate said membership.

Applicant Signature: _____ Spouse Signature: _____

Date: _____ Date: _____