



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ROWAN-CABARRUS YMCA OPEN DOORS APPLICATION

Everyone is WELCOME at the Y!

Name of Applicant _____ Date of Birth _____
 Address _____
 Phone _____ Email _____
 Total # of adults living in the home: _____ Total # of children living in the home: _____

ADDITIONAL HOUSEHOLD MEMBERS

Adult Child Name _____ Gender _____ Date of Birth _____
 Adult Child Name _____ Gender _____ Date of Birth _____
 Adult Child Name _____ Gender _____ Date of Birth _____
 Adult Child Name _____ Gender _____ Date of Birth _____
 Adult Child Name _____ Gender _____ Date of Birth _____
 Adult Child Name _____ Gender _____ Date of Birth _____

Do you have a copy of your current tax return? No Yes **If yes, what is the total gross income?** _____

If you have additional income not listed on your tax forms, please provide that information below. Include GROSS income for everyone earning in the household, even if they will not be active on the membership.

Are you employed?..... No Yes \$ _____ per month
 Are additional adults in the household employed?..... No Yes \$ _____ per month
 Are any of your dependents (18+ years old) employed? No Yes \$ _____ per month
 Anyone in household receive Unemployment Benefits?..... No Yes \$ _____ per month
 Anyone in household receiving Social Security Benefits?..... No Yes \$ _____ per month
 Are you receiving Social Security for dependent(s)?..... No Yes \$ _____ per month
 Are you receiving Spousal Support and/or Child Support?..... No Yes \$ _____ per month
 Anyone in household receiving Food Stamps and/or Welfare?..... No Yes \$ _____ per month
 Anyone in household receiving Disability or Veterans Benefits?..... No Yes \$ _____ per month
 Are you receiving support from family, home country, other?..... No Yes \$ _____ per month
 Are you receiving housing allowance on rent? No Yes \$ _____ per month
 Do you or your children receive Medicaid?..... No Yes \$ _____ per month
 Anyone in household receive other forms of income?..... No Yes \$ _____ per month
 (401K, Retirement, family support, etc) No Yes \$ _____ per month

Application is for:
 Membership.....
 After School.....
 Summer Camp.....
 Other Youth Programs.....
 (sports, dance, swim, etc.)

If your family has extenuating circumstances you would like us to consider before awarding financial assistance, please note these below and provide supporting documentation.

FOR INCOMPLETE APPLICATIONS ONLY: I understand that I am required to provide any additional documentation needed for full verification by the last Thursday of my first draft month _____ or my draft will change to the full-paying member rate \$ _____ on _____.

The information I have provided to the Rowan-Cabarrus YMCA is true and correct. I understand that my membership scholarship is ongoing, and program scholarship is renewed annually. I understand I must submit new information if my income changes. I understand the Rowan-Cabarrus YMCA reserves the right to request updated information to remain eligible for scholarship.

Applicant's Signature _____ Date _____



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OFFICE USE ONLY

STATUS OF SCHOLARSHIP: Fully Approved Denied Verification Needed

What additional verification is needed? _____

MEMBERSHIP FINANCIAL ASSISTANCE

Membership Type: _____

Membership FA: _____% Monthly membership: \$_____ beginning on ____/____/____

PROGRAM FINANCIAL ASSISTANCE

After School: _____% Summer Camp: _____% Other Y Programs: _____%

Staff Signature _____ Date _____

*Staff Note: Enter program scholarship in Daxko before registering for programs.

VERIFICATION: Acceptable documents for the following items if member does not have current tax returns.

Please make copy of any verification provided and put with Open Doors Application.

Proof of Dependency Documents

- Birth Certificates: for anyone under the age of 18.
- Proof of Residency: for dependents ages 18-23.
- Medicaid cards for anyone under 18.

Proof of Income Documents

- Tax forms
- Two most recent pay stubs
- Copy of bank statement if direct deposited
- Unemployment benefit statement (Note: scholarship will expire when unemployment income expires)
- Social Security benefit statement
- Veteran's/Disability statement
- Child/Spousal Support statement
- Any other forms of income
- Food Stamp statement or approval letter (If they do not have approval letter then they can go onto the website listed on the back of the EBT card and print off a monthly food stamp statement, showing the amount deposited on the card)
- Medicaid cards
 - If this is the only proof of income, member is eligible to receive 30% financial assistance for membership and 20% financial assistance for programs. For consideration of additional financial assistance, a complete application with income verification is required.

Proof of Residency

- Driver's License
- Bank Statement
- Mortgage Statement or Rental Lease Agreement
- Utility Bill