



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

# **OPEN DOORS**

**FINANCIAL ASSISTANCE**

**The Y works to make  
sure that everyone  
has the opportunity  
to learn, grow & thrive.**

**[www.ymcagloco.org](http://www.ymcagloco.org)**

**856-845-0720**

YMCA OF GLOUCESTER COUNTY  
235 East Red Bank Ave  
Woodbury NJ 08096



# OPEN DOORS APPLICATION

The YMCA of Gloucester County is a not-for-profit organization committed to helping people grow in spirit, mind, and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community-based, and we try to make programs and services available to everyone. That is why we offer the OPEN DOORS program, which is designed to fit each individual's financial situation using a sliding fee scale, based on income and household size and is made possible through contributions we receive from Annual Giving donations.

The YMCA of Gloucester County requests that individuals complete and submit the attached form about income and household size so we can provide financial assistance in a fair and consistent manner. The YMCA also requires individuals to re-apply each year to renew their financial assistance, Open Doors runs January -December and is given while funds are available. **The ability to respond to requests for assistance is dependent upon the success of our fund raising projects and current operating finances.**

**Membership is good for 6 months.**

**If you do not re-apply when requested, your enrollment will end. Your fees are subject to increase when you re-apply due to membership rate changes.**

**Please allow 10 FULL business days (not including weekends or holidays) to process your application**

Applicant:        \_\_\_\_\_ New Applicant        \_\_\_\_\_ Renewal Applicant

Current YMCA of Gloucester County Member:        \_\_\_\_\_ Yes        \_\_\_\_\_ No

Membership category applying for  
(Select one)

Household 2 Adults + 3 children         \$5 additional fee per child after initial 3

Adult 19 and up

Youth 0-18

**Staff name who took application**

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**APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY. (All information will be strictly confidential.)**

## PERSONAL INFORMATION

If you need assistance in completing this application, please ask for help at the Member Service Desk.

Name \_\_\_\_\_ Gender \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you married? \_\_\_\_\_ Yes \_\_\_\_\_ No Total number in household \_\_\_\_\_

List names (last names, too, if different from applicant), relationship, gender, and ages of all persons in the household.

Your household includes dependents you claim on your federal income tax return.

### Additional Household Members

1) \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

2) \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

3) \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

4) \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

5) \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Preferred Method of contact:  E-Mail  Cell Phone  Home Phone

## INCOME WORKSHEET

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Position \_\_\_\_\_ Length of employment \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Gross Monthly Income (before taxes) \_\_\_\_\_

Other Adult's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Position \_\_\_\_\_ Length of employment \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Gross Monthly Income (before taxes) \_\_\_\_\_

### INCOME:

To process your application, we will need the following information for **ALL** adults living in the household to verify household income. Please submit **ALL COPIES** of these documents that apply to all in your household:

\$ \_\_\_\_\_ Federal 1040 Tax Return, first 2 pages (if you did not file, see note below) Handwritten copies not accepted.  
NOTE: If you did not file or you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service 1-800-829-1040

\$ \_\_\_\_\_ Self Employed attach Schedule C, D or E or appropriate tax forms

\$ \_\_\_\_\_ Last two (2) paystubs (weekly, bi-weekly, monthly)

\$ \_\_\_\_\_ Social Security Benefits/Disability Benefits

\$ \_\_\_\_\_ Retirement/Pension Income

\$ \_\_\_\_\_ Unemployment – (one month)

\$ \_\_\_\_\_ State Assistance/TANF, with Food Benefits (ALL pages must be submitted)

\$ \_\_\_\_\_ POC Authorization (or Denial Letter)

\$ \_\_\_\_\_ Child Support

\$ \_\_\_\_\_ Alimony

\$ \_\_\_\_\_ Other Forms Applicable

Please allow 10 Full business days (not including weekends or holidays) to process your application

I verify that all the information provided is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days or my benefits from the OPEN DOORS program may end.

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

\_\_\_\_\_  
Date

Revised 10/06/2020