



**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**

Gloucester County YMCA  
235 East Red Bank Ave  
Woodbury NJ 08096





**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 email Kim Orlich, Administration Manager for help at [korlich@ymcagloco.org](mailto:korlich@ymcagloco.org).

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 COPIES of these documents:

\$ \_\_\_\_\_ 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

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 7/27/2021