OPEN DOORS
FINANCIAL ASSISTANCE

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

www.ymcade.org

BEAR-GLASGOW FAMILY YMCA  351 George Williams Way, Newark, DE 19702, 302-836-YMCA
BRANDYWINE YMCA  3 Mount Lebanon Road, Wilmington, DE 19803, 302-478-YMCA
CENTRAL YMCA  501 West Eleventh Street, Wilmington, DE 19801, 302-254-YMCA
DOVER YMCA  1137 South State Street, Dover, DE 19901, 302-346-YMCA
SUSSEX FAMILY YMCA  20080 Church Street, Rehoboth Beach, DE 19971, 302-296-YMCA
WESTERN FAMILY YMCA  2600 Kirkwood Highway, Newark, Delaware 19711, 302-709-YMCA
YMCA CAMP TOCKWOGH  24370 Still Pond Neck Road, Worton, MD 21678, 800-331-CAMP
OPEN DOORS APPLICATION

The YMCA of Delaware is a not-for-profit health and human services 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.

The YMCA of Delaware 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 to renew their financial assistance. **The ability to respond to requests for assistance is dependent upon the success of our fund raising projects and current operating finances.**

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**

<table>
<thead>
<tr>
<th>Applicant:</th>
<th>_____ New Applicant</th>
<th>_____ Renewal Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current YMCA of Delaware Member:</td>
<td>_____ Yes</td>
<td>_____ No</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Applying for:</th>
<th>_____ Membership</th>
<th>_____ Day Camp</th>
<th>_____ Before &amp; After School</th>
</tr>
</thead>
<tbody>
<tr>
<td>(check all that apply)</td>
<td>_____ Preschool</td>
<td>_____ Other Programs</td>
<td></td>
</tr>
</tbody>
</table>

Membership category applying for:

**Full Membership: A full member has use of all facilities and programs***.

(Select one)

**FAMILY**

- [ ] Single Parent
- [ ] 2 Adults +
- [ ] 3 Adults +
- [ ] 4 Adults
- [ ] 4 Adults +

**COUPLES**

- [ ] Couples

**SENIORS**

- [ ] Senior Adult (65+)
- [ ] Senior Couple
- [ ] 2 Senior Adults

**INDIVIDUAL**

- [ ] Youth
- [ ] Adult (19-64)
- [ ] College Student*  

*College applicants, if still a family dependent, should include the total household income on the application including; parent’s income tax forms and pay stubs, as well as their own.

*Some programs are not covered under the Open Doors program
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 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
  Please allow 10 Full business days (not including weekends or holidays) to process your application

☐ $ ___ 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

Signature of Applicant

________________________________________

Date

Revised 3/1/2013

*If unable to support the above with documents, please submit bank statements showing 3 months of deposits.