



# JOPLIN FAMILY YMCA Open Doors Application

|                         |               |
|-------------------------|---------------|
| For internal use only:  |               |
| Date: _____             | Amount: _____ |
| Membership Card # _____ |               |

**The Y believes that no person should be turned away because of inability to pay. Please complete this application and turn in with income verification paperwork for all adults living in the household.**

### Adult #1

Name \_\_\_\_\_  
 DOB \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Employer \_\_\_\_\_

**Employment** monthly gross \$ \_\_\_\_\_  
**Unemployment** monthly gross \$ \_\_\_\_\_  
**Disability** monthly gross \$ \_\_\_\_\_  
**Social Security** monthly gross \$ \_\_\_\_\_  
**Food Stamp** monthly gross \$ \_\_\_\_\_  
**Child Support** monthly gross \$ \_\_\_\_\_  
**AFDC/TANF** monthly gross \$ \_\_\_\_\_  
**Other** monthly gross \$ \_\_\_\_\_  
**TOTAL MONTHLY GROSS** \$ \_\_\_\_\_

### Adult #2

Name \_\_\_\_\_  
 DOB \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Employer \_\_\_\_\_

**Employment** monthly gross \$ \_\_\_\_\_  
**Unemployment** monthly gross \$ \_\_\_\_\_  
**Disability** monthly gross \$ \_\_\_\_\_  
**Social Security** monthly gross \$ \_\_\_\_\_  
**Food Stamp** monthly gross \$ \_\_\_\_\_  
**Child Support** monthly gross \$ \_\_\_\_\_  
**AFDC/TANF** monthly gross \$ \_\_\_\_\_  
**Other** monthly gross \$ \_\_\_\_\_  
**TOTAL MONTHLY GROSS** \$ \_\_\_\_\_

### Dependents under 23 living in household:

| Name     | DOB | Age | Sex | Relationship |
|----------|-----|-----|-----|--------------|
| 1. _____ |     |     |     |              |
| 2. _____ |     |     |     |              |
| 3. _____ |     |     |     |              |

**Total number of people living in household:** \_\_\_\_\_

**What type of membership are you applying for?**     Adult     Household

I understand that the Joplin Family YMCA does not offer 100% financial assistance and that I will be responsible for paying a portion of the membership dues. I understand that I have two weeks to return this application with the appropriate supporting documentation. If I fail to return this application with the appropriate supporting documentation, or do not qualify for this program, my next monthly draft will return to the normal membership rate. The information I have provided on this form is correct, and I agree to provide additional documentation to verify household income if required.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date