



# Southern District YMCA

Application for Open Doors – 25% Discount – Exeter Area YMCA (front side)

Financial Assistance – Greater than 25% (both sides)

## APPLICANT INFORMATION

<p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Home Phone _____</p> <p>Birth Date _____</p> <p>E-mail _____</p>	<p>Employer/Work Phone _____</p> <p>Type of membership requested: _____</p> <p>Type of Assistance Applying for:</p> <p><input type="checkbox"/> Open Doors 25% discount – Exeter Area YMCA (complete this side only)</p> <p style="padding-left: 40px;">Adults earning &lt;\$40,000 gross income Families earning &lt;\$80,000 gross income Provide copy of 1040 w/application</p> <p><input type="checkbox"/> Financial Assistance above 25% (complete both sides- Required for Childcare and Camp)</p> <p>Assistance requested:</p> <p><input type="checkbox"/> Membership      <input type="checkbox"/> Childcare      <input type="checkbox"/> Camp Lincoln</p> <p><input type="checkbox"/> Instructional program      <input type="checkbox"/> Other _____</p>
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## CO-APPLICANT INFORMATION

Co-Applicant Name \_\_\_\_\_  No other adult resides in this household

Birth Date \_\_\_\_\_

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

## FAMILY INFORMATION (if applicable)

Dependent's Name	Age	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

## IMPACT

How will participation benefit the individual(s), you or your family? Are there any extenuating circumstances you would like to share? (Attach additional page if needed.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SIGNATURES

I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand that I may lose all YMCA privileges for lack of payment or falsifying information in connection with this application. I understand that I must bring documentation annually to qualify for the Financial/Assistance Rate.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Date Received \_\_\_\_\_ Verify 1040 \_\_\_\_\_ Total gross income \$ \_\_\_\_\_

Membership Staff signature \_\_\_\_\_ Supervisor/2nd Staff Signature \_\_\_\_\_

# Financial Assistance Application

## FINANCIAL INFORMATION

Please check the box or boxes that represent the type of monthly household income and expenses that apply. The following documentation is required:

- A copy of your Federal Tax Form (1040)     Two recent paychecks for each applicant.

Income (check those that apply)	Monthly Amount	Expenses (check those that apply)	Monthly Amount
<input type="checkbox"/> Wages/Salaries/Tips	\$ _____	<input type="checkbox"/> Rent/Mortgage	\$ _____
<input type="checkbox"/> Unemployment Comp	\$ _____	<input type="checkbox"/> Utilities	\$ _____
<input type="checkbox"/> Social Security Income	\$ _____	<input type="checkbox"/> Phone	\$ _____
<input type="checkbox"/> Child Support/Alimony Received	\$ _____	<input type="checkbox"/> Medical	\$ _____
<input type="checkbox"/> Aid to Dependent Children	\$ _____	<input type="checkbox"/> Food	\$ _____
<input type="checkbox"/> Food/Fuel/Housing Subsidies	\$ _____	<input type="checkbox"/> Car/Gas/Transportation	\$ _____
<input type="checkbox"/> Pension	\$ _____	<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____	<input type="checkbox"/> Other _____	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>	<b>Total Monthly Expenses</b>	<b>\$ _____</b>

Applications must be complete, signed, and include all required documentation to be processed. Please make sure you have attached your most recent tax return and two recent pay stubs from each employed member of the household.

Applications will be processed as follows:

**Exeter Area YMCA Membership and Programs** – Mail to Exeter Area YMCA, 56 Linden St, Exeter, NH 03833  
Applications are processed as they are received, typically within 5 business days.

**School Age Child Care Programs** – Mail to YMCA SACC, 56 Linden St, Exeter, NH 03833

Applications are processed as they are received, typically within 10 business days. Applicants must also apply for child care assistance through NH DHHS. For more information visit <https://www.dhhs.nh.gov/dcyf/cdb/waitlist.htm>

**YMCA Camp Lincoln** – Mail to YMCA Camp Lincoln, PO Box 729, Kingston, NH 03848

Applications are processed during the first week of each month, February through June for summer camp.



The southern district YMCA is proud to partner with the Key Collective #areuin? program to provide financial assistance with no need to complete an application. If you have a #areuin? card, present it at any Southern District YMCA location to qualify. Visit <https://www.areuincard.org/> for more information.

## SIGNATURES

I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand that I may lose all YMCA privileges for lack of payment or falsifying information in connection with this application. I understand that I must bring documentation annually to qualify for the Financial/Assistance Rate.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Date Received \_\_\_\_\_ Verify 1040 \_\_\_\_\_ Total gross income \$ \_\_\_\_\_

Membership Staff signature \_\_\_\_\_ Supervisor/2<sup>nd</sup> Staff Signature \_\_\_\_\_