

APPLICATION FORM

SECTION 5: APPLICATION INFORMATION (TOTAL HOUSEHOLD INCOME)

Applicant's Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Marital Status ☐ Single ☐ Married ☐ Married Filing Separately ☐ Other

Spouse's Name _____ Spouse's Date of Birth _____

Spouse's Employer _____ Spouse's Work Phone _____

Total number of dependents listed on your income tax return _____

Are you currently a Y member? ☐ No ☐ Yes, at the _____ YMCA.

Are you receiving assistance from another Y? ☐ No ☐ Yes, at the _____ YMCA.

Have you ever applied for YMCA financial assistance in the past? ☐ Yes ☐ No

Have you filled out the Bangor Region YMCA Membership Form? ☐ Yes ☐ No

If no, please complete it and return with this application.

ADJUSTED GROSS HOUSEHOLD INCOME:

	APPLICANT	SPOUSE	OTHER HOUSEHOLD MEMBER
Employment	\$	\$	\$
Child Support or Alimony	\$	\$	\$
Government Assistance	\$	\$	\$
Social Security/Disability	\$	\$	\$
Other	\$	\$	\$
TOTAL HOUSEHOLD INCOME	\$		

SECTION 6: CERTIFICATION OF INFORMATION

I certify that all information on my application is true and complete to the best of my knowledge and any misrepresentations may result in automatic membership termination and suspension from making future applications.

Signature of Applicant _____ Date _____

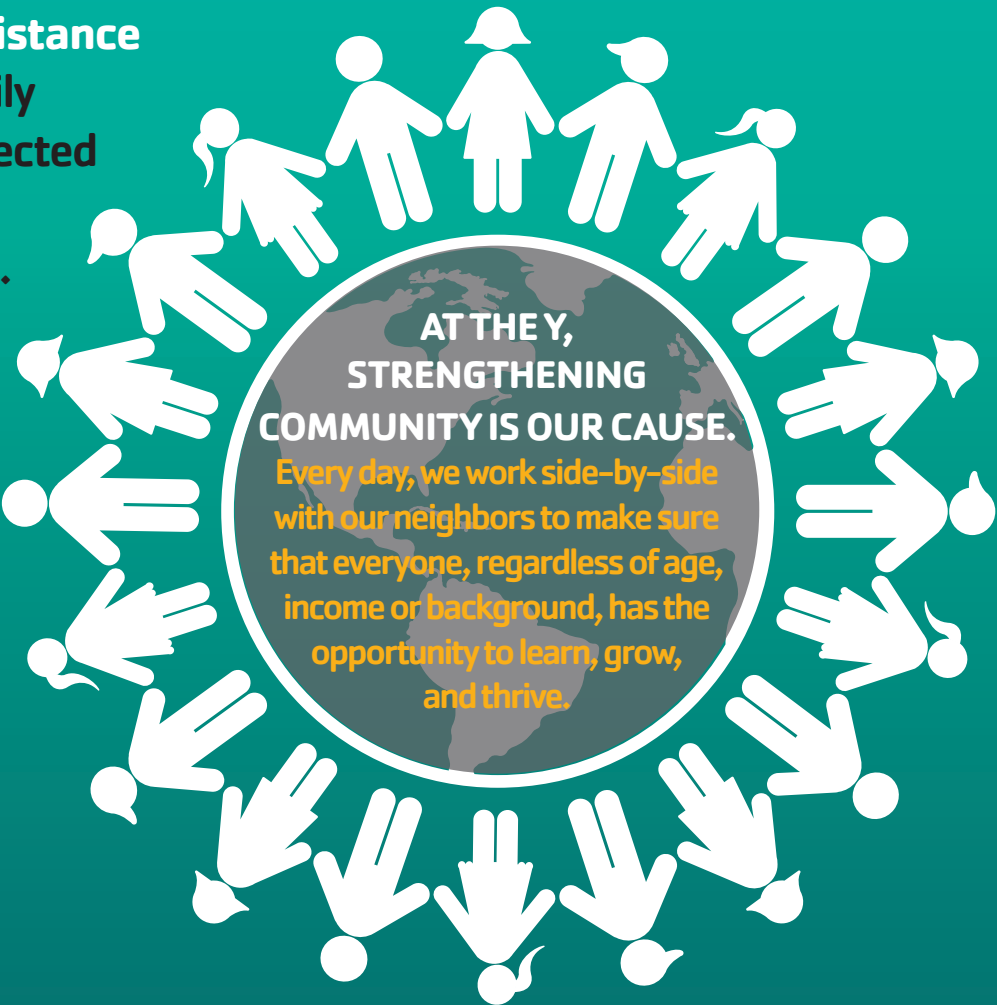
FOR OFFICE USE ONLY

Reduced Rate Percentage _____ % Monthly Fee \$ _____ Date Approved _____

Membership Type _____ Staff Signature _____

ALWAYS
WELCOME
AT THE BANGOR REGION YMCA

Apply for our **OPEN DOOR PROGRAM**
to find out if you qualify to receive
additional financial assistance
for you and/or your family
for a membership or selected
program beyond the
Membership For All rate.



TELL US YOUR STORY

What benefits do you see in having financial assistance to join the Bangor Region YMCA and how can the Y help you and your family live a healthier, more active lifestyle?

Does the Bangor Region YMCA have your permission to use your story in mission-based marketing material? ☐ Yes ☐ No

Would you like to remain anonymous? ☐ Yes ☐ No

THANK YOU FOR SHARING YOUR STORY!

Is your immediate family or extended family currently being impacted or has been impacted by opioid and/or substance abuse? ☐ Yes ☐ No

APPLICATION FORM

SECTION 1: MAKING AN APPLICATION

The YMCA's Open Door program follows a sliding fee scale, designed to fit each individual's financial situation. In order to foster a sense of ownership in the Y, you will be asked to pay a portion of the fees.

I am applying for the following membership: ☐ Youth ☐ Adult ☐ Family

The maximum amount that I can pay per month is \$ _____ (required)

Do you wish to apply for program assistance with your membership? ☐ Yes ☐ No

If so, what program(s)? _____

SECTION 2: STATEMENT OF UNDERSTANDING

Please read and check each statement and initial at the bottom that you understand.

- | | |
|---|--|
| ☐ I understand that The Bangor Region YMCA is a non-profit organization and that financial assistance is made possible through the generosity of our donors and members. | ☐ I understand that failure to pay my fees as required may terminate my membership. I also understand that membership termination for lack of payment will not make me eligible for Open Door consideration for at least twelve months. No appeals will be granted. |
| ☐ I understand that my membership will expire one year from my join date. | ☐ I agree to notify the Bangor Region YMCA if my financial situation improves so that my membership assistance can be re-evaluated, thus providing opportunities to others in need. |
| ☐ I understand that to submit my Bangor Region YMCA financial assistance form, I will need to provide updated income verification. I also understand that the processing of my membership can take up to two weeks. | ☐ I understand that I must provide the Bangor Region YMCA with contact information changes (mailing address, phone, email) as they occur. |
| ☐ I understand that I must submit the requested documentation listed in Section 3 in order for my application to be reviewed. | ☐ I understand that all Bangor Region YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. I further understand that strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow, and thrive. |
| ☐ I understand that the Open Door Joiner Fee is the same as the monthly fee. | |
| ☐ I understand that it is my sole responsibility to pay for my membership amount by scheduling automatic monthly withdrawals from my savings/checking account or credit/debit card. | |

Please initial that you have read and understand each statement. _____

SECTION 3: REQUESTING DOCUMENTATION

In order to provide financial assistance in a fair and consistent manner, the following relevant documents must be attached and included with your application:

- | | |
|--|--|
| 1. Your most recent 1040 Federal Tax Return (if you file "Married Filing Separately", please provide both returns) | 3. Social Security or Disability Statement (or copy of bank statement showing amount of automatic monthly deposit) |
| 2. Child Support or Alimony Income | 4. Any other income or assistance you receive |

SECTION 4: GENERAL INFORMATION

The Bangor Region YMCA Open Door Coordinator will determine financial assistance eligibility after thoroughly reviewing the application. Your application will not be processed until all required documents are provided. Please allow two (2) weeks to process your application. You will be notified whether your application has been approved or if you need to submit additional information.