



Southern District YMCA

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

Financial Assistance – Greater than 25% (both sides)

APPLICANT INFORMATION

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

CO-APPLICANT INFORMATION

Co-Applicant Name _____	<input type="checkbox"/> 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/2 nd 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 _____	\$ _____
Total Monthly Income	\$ _____	Total Monthly Expenses	\$ _____

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/2nd Staff Signature _____