



THE Y IN CENTRAL MARYLAND OPEN DOORS MEMBERSHIP APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NEW APPLICATION RENEWAL APPLICATION MEMBERSHIP TYPE _____

STEP 1 Enter Household Information:

Applicant First & Last Name: _____ Date of Birth: ____/____/____ Age: _____ Gender: M F

Applicant 2 First & Last Name: _____ Date of Birth: ____/____/____ Age: _____ Gender: M F

Dependent names/ages: _____

Phone Number: _____ E-Mail Address: _____

Address: _____ APT: _____ City: _____ State: _____ Zip: _____

Applicant Employer: _____ Spouse Employer: _____

STEP 2 Application Information and Requested Documentation

- A)** The maximum amount that I can pay per month \$ _____
- B)** What is your current annual gross household income? \$ _____
- C)** Did you or another household member file federal taxes for last year? ____YES ____NO
- If **YES** → Submit a copy of your most recent federal tax return 1040 form **AND** a copy of **ONE** of the following supporting documents:
- Last two pay stubs, for all household members
 - Retirement income documentation
 - Social security or disability award letter(s)
 - Unemployment income verification
- If **NO** → Submit a copy of **ALL** of the following supporting documents that are applicable:
- Last two pay stubs, for all household members
 - Retirement income documentation
 - Social security or disability award letter(s)
 - Unemployment income verification
 - Temporary Cash Assistance
 - If \$0 income - Letter of how you meet your expenses
- D)** Do you receive Child Support? ____YES ____NO If yes, what is the monthly support? \$ _____ (**submit supporting documents**)
- E)** Describe any special circumstances or unusual expenses you must meet that should be used in determining assistance:

STEP 3 Please read and check off each statement and sign at the bottom you understand.

- I understand that the Y of Central Maryland is a nonprofit organization and that financial assistance is made possible through the generosity of donors and members.
- I also understand that my current Y account must be in good standing prior to this application being processed
- I understand that expiration or revocation of my subsidy does not automatically cancel my membership and that I must provide the Y a 30-day written notice to cancel my membership.
- I understand that the Y provides financial assistance to the extent that resources are available and that the Y reserves the right to refuse assistance to any applicant.
- I agree to notify the Y if my financial situation improves, so that my membership subsidy can be re-evaluated, thus providing more opportunities for others in need.
- I certify that the information I have provided on this form is complete and correct and I agree to provide additional documentation upon request to verify need of financial assistance.**

Signature of Applicant A: _____ **Date:** _____

Signature of Applicant B: _____ **Date:** _____

Submit completed application and all supporting documentation to your local Family Center Y Front Desk. If you have not yet completed the membership application, please complete and return with this application.