

SPARTA/WHITE COUNTY YMCA OPEN DOORS APPLICATION

(For office use only) Staff Receiving _____

Date: _____ New Applicant Renewal Current Member

Membership Type: Adult Couple Family Senior Sr Couple

Documentation Form: Tax Form Payroll Stubs (2) Self-employed appropriate form
 Social Security or Disability check Child support or alimony
 Unemployment checks Retirement/pension
 State assistance Other _____

Date Approved: _____ Approved by: _____ Percentage: _____ %

Payment Amount: Monthly (ACH) _____ Annually _____

Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name and Ages of all persons living in your household:

- | | |
|--------------------|--------------------|
| 1. _____ Age _____ | 4. _____ Age _____ |
| 2. _____ Age _____ | 5. _____ Age _____ |
| 3. _____ Age _____ | 6. _____ Age _____ |

EMPLOYMENT INFORMATION:

Employer: _____ Work Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Length of Employment: _____ (Full Time Part time)

Gross Monthly Income: _____ Supervisor's name: _____

Other Income:

1. Child Support:	\$ _____ monthly
2. Aid to Dependent Children:	\$ _____ monthly
3. Welfare:	\$ _____ monthly
4. Other (please explain) _____	

Total number of dependents: _____

To the best of my knowledge, the above information is complete and accurate. _____ / /
Signature of Applicant Date

APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL REQUIRED INFORMATION
AND DOCUMENTATION IS SUBMITTED AND APPLICATION IS FILLED OUT COMPLETELY