

SPARTA/WHITE COUNTY YMCA OPEN DOORS APPLICATION

(For office use only)		Staff Receiving _____		
Date: _____	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Renewal	<input type="checkbox"/> Current Member	
Membership Type:	<input type="checkbox"/> Adult	<input type="checkbox"/> Couple	<input type="checkbox"/> Family	<input type="checkbox"/> Senior <input type="checkbox"/> Sr Couple
Documentation Form:	<input type="checkbox"/> Tax Form	<input type="checkbox"/> Payroll Stubs (2)	<input type="checkbox"/> Self-employed appropriate form	
	<input type="checkbox"/> Social Security or Disability check		<input type="checkbox"/> Child support or alimony	
	<input type="checkbox"/> Unemployment checks		<input type="checkbox"/> Retirement/pension	
	<input type="checkbox"/> State assistance		<input type="checkbox"/> Other _____	
Date Approved: _____	Approved by: _____	Percentage: _____	%	
Payment Amount:	Monthly (ACH) _____	Quarterly _____	Annually _____	

Name: _____ Home 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