



OF NORTHWEST NORTH CAROLINA

Open Doors Income & Expense Worksheet

Please provide the following proof of income: most recent tax return, last two paycheck stubs and any other proof of income (SSI, student loan, etc...). This information is used to determine the level of assistance that will be awarded. All information is maintained confidentially. Assistance is provided for a period of one year. If assistance is still needed, applicants will be asked to reapply using the current year's tax and income information.

Last Name _____ MI ____ First Name _____

Home Address _____ Apt _____

City _____ State ____ Zip _____ DOB _____

Home Phone _____ Cell _____ Email _____

Are you a current member or program participant? __ Yes __ No

Branch _____

Do you wish to apply for a membership? __ Yes __ No

If so, what type? _____

Do you wish to apply for a program? __ Yes __ No

If so, what program? _____

Members in Family – listed as dependents on tax return.
(List additional members if necessary)

Name _____ DOB _____ Relationship _____

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Monthly Income:

\$_____ Gross Monthly Income
 \$_____ Spouse's Gross Monthly Income
 \$_____ Child Support
 \$_____ Aid to Dependent Children
 \$_____ Welfare (submit copy)
 \$_____ Food Stamps
 \$_____ Other Income (describe)

Expenses:

\$_____ Rent/Mortgage
 \$_____ Auto Loan(s)
 \$_____ Phone
 \$_____ Utilities
 \$_____ Child Support
 \$_____ Medical
 \$_____ Transportation
 \$_____ Food
 \$_____ Other Expenses
 (tuition, loans, etc)

Total Income_____

Total Expense_____

If you have other, special circumstances that you would like us to consider when determining assistance, please provide that information on a separate sheet.

\$_____ Monthly amount I would be able to pay for this program/membership

Would you be willing to share your story for our annual Partner With Youth campaign?
 ___ Yes ___ No

Would you be willing to help us fundraise for our annual Partner With Youth campaign?
 ___ Yes ___ No

All information provided is accurate and complete. I understand that my participation in this program is dependent upon the YMCAs ability to fund a portion of the fees and that I must re-apply annually to receive consideration. All fees are subject to change.

Signature_____ Date_____