



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# OPEN DOORS STEP 2 APPLICATION

Name \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Cell ( \_\_\_\_ ) \_\_\_\_\_

Household Members (Including Self)			
Name with middle initial (Last, if different)	Relationship (Spouse, Child, etc.)	Date of Birth MM/DD/YY / /	Check if claimed on Form 1040 as a Dependent
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## INCOME/EXPENSE WORKSHEET

Income		Expense	
Gross Monthly Income (Before Taxes)	\$	Rent/Mortgage	\$
Spouse's Gross Monthly Income (Before Taxes)	\$	Car/Insurance	\$
Child Support	\$	Fuel	\$
Aid to Dependent Children	\$	Groceries	\$
Social Security Compensation	\$	Utilities	\$
Unemployment Compensation	\$	Phone	\$
Food Stamps	\$	Child Support	\$
Welfare	\$	Medical	\$
Retirement Funds	\$	Child Care	\$
Other (Please explain)	\$	Alimony	\$
Other (Please explain)	\$	Other (Please explain)	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	<b>TOTAL MONTHLY EXPENSE</b>	<b>\$</b>

I am requesting assistance from the Y because of my personal circumstances. I verify that all information submitted is complete and accurate. If my situation changes, I agree to notify the Y. If I submit false or inaccurate information or fail to notify the Y of a change within 30 days, I may be terminated from the Open Doors Program. I understand that as a participant in the Y's Open Doors Program, I will be asked to provide proof of income every six months. **If I do not verify information every six months, my rate will be subject to increase to the membership rate that does not require income verification.** If my situation changes, I agree to notify the Y.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_