



YMCA OF THE COLUMBIA-WILLAMETTE

Open Door Request Form

- Location:
- ☐ Beaverton Hoop YMCA
 - ☐ Clark County Family YMCA
 - ☐ Sherwood Regional Family YMCA
 - ☐ Camp Collins
 - ☐ Youth Development/Child Care

Membership: _____ Program (Please Specify): _____

Primary Member

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Date of Birth _____

Additonal Members – Please list all members living at primary member’s address

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MONTHLY HOUSEHOLD INCOME – Combined income from all sources of members 18 and older

To process your request in the most efficient manner, please include **ALL** required documents. Incomplete requests will result in delayed processing. Please attach at least one of the following qualifying documents:

1. Enter Total Income

Total Income _____ Total number of people living on the stated income? _____

INCOME SOURCE EXAMPLES | Wages, Unemployment, SSI/SSD, Food Stamps, SNAP, TANF, Child Support, Alimony, Housing Assistance, Student Loans, Other

- Two most recent pay stubs from all working adults in household.
- Documentation of other assistance or income received.
- Reduced or Free Lunch Letter

2. Does your child receive Reduced or Free Lunch?

No
Yes | Reduced Lunch
Yes | Free Lunch

3. Personal Statement | Are there any other factors we should take into consideration in evaluating your need for support? If so, please attach on a seperate paper.

OPTIONAL INFORMATION – Providing demographic information is optional, but helps us to better serve you.

Gender	Race	Primary Language	Employer
<input type="checkbox"/> Male	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American/Black		
<input type="checkbox"/> Female	<input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic		
<input type="checkbox"/> Unspecified	<input type="checkbox"/> Native American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other		

ACKNOWLEDGEMENT

The YMCA reviews requests annually; failure to submit a new request form will result in membership or program fees automatically moving to the full rate. If I have automatic monthly payments and my assistance expires, I understand that the full rate will automatically be withdrawn from my account. I understand it is my responsibility to re-apply before the deadline given. I declare that the aforementioned statements, to the best of my knowledge and belief, are true and correct. I agree to inform the YMCA of any changes in my financial status.

Signature _____ Date _____

Membership Approved _____%	Program Approved _____%	Expires _____	Processed By _____	Date _____
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Staff Signature | I acknowledge I have viewed the income verification documentation _____