

YMCA FINANCIAL ASSISTANCE APPLICATION

All information is confidential and not shared with any other YMCA or organization

Name _____ E-Mail _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Address _____ Apt. # _____
 City _____ State _____ Zip _____

Status: Single Married Divorced Partner Number of Dependents: _____
 (Including yourself, spouse/partner & children)
 Are you a full time student? Yes No Name of School _____

List names (last names also if different from yours) and ages of all persons in the household. Your household includes your spouse/partner and dependents you claim on your federal income tax return.

1. _____ Age _____ 5. _____ Age _____
2. _____ Age _____ 6. _____ Age _____
3. _____ Age _____ 7. _____ Age _____
4. _____ Age _____ 8. _____ Age _____

EMPLOYMENT INFORMATION

Are you currently employed? YES If yes, please complete the following information. NO

Applicant's Employer _____ Work Phone _____
 Employer Address _____ City _____ State _____ Zip _____
 Applicant's Position _____ Length of Employment _____ Part-Time Full-Time
 Supervisor's Name _____

Spouse/Partner Employment information

Is a Spouse/Partner currently employed? YES NO If yes, please complete the following information.
 Employer _____ Work Phone _____
 Employer Address _____ City _____ State _____ Zip _____
 Applicant's Position _____ Length of Employment _____ Part-Time Full-Time
 Supervisor's Name _____

With which program do you need assistance?

- Programs _____
 Membership School Age Child Care Day Camp Resident Camp
 List all members and ages of household members who will participate in the program(s) listed above.

What is the program fee or cost? _____
 Have you previously received assistance from the YMCA? Yes No When? _____
 For which Programs? _____
 Overall, what amount do you feel like you can pay for the program? _____

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With this application, please attach the following documentation:

1. Copies of the last 2 pay stubs from ALL current employers for all working in the household.
2. Copy of your most recent Tax Return (IRS Form 1040) with copies of all supporting W-2 forms for all tax filers in the household. (If you have not filed you will need to provide proof of your non-filing status. To receive proof of non-filing status, call 1-800-829-1040. If you have not filed in the past 5 years or if you have never filed, you need to request form 4506-T.)
3. Proof of public assistance if applicable (i.e. Medicaid, Food Stamps, and SSI)

I, _____, do hereby certify that I have read and completed the attached YMCA of Greater Hartford Financial Assistance Application indicating the total number of persons in my household and the total gross annual income received during the past twelve (12) months as required to determine eligibility to participate in YMCA programs on the basis of low/moderate income designation.

TERMS OF AGREEMENT

I declare that the aforementioned statements are true and correct to the best of my knowledge. If requested, I will provide further substantiation of all facts, including current income. I hereby authorize the YMCA of Greater Hartford to obtain employment income information verification from my employer. I agree to inform the YMCA of Great Hartford of any material change in my financial status and employment.

HOUSEHOLD MONTHLY INCOME:

We will need the following information for all adults in the household to verify household income (as applies): **Please tell us about any special circumstances that should be considered in your application.**
 Proof Required. _____

- \$ _____ 1) Your Gross Monthly Salary
- \$ _____ 2) Other Adult's Gross Monthly Salary
- \$ _____ 3) Child Support
- \$ _____ 4) Aid to Dependent Children
- \$ _____ 5) Welfare
- \$ _____ 6) Food Stamps
- \$ _____ 7) Reduced Lunch Program
- \$ _____ 8) Social Security / Disability
- \$ _____ 9) Unemployment
- \$ _____ 10) Pension / Retirement
- \$ _____ 11) Alimony
- \$ _____ 12) Care for Kids
- \$ _____ 13) Other (Please explain) _____

\$ _____ Total Monthly Income
 (Documentation attached)

Attach any other additional information.

APPLICANT'S SIGNATURE

We make a living by what we do, but we make a life by what we give. ~Winston Churchill

- I am willing to volunteer at my YMCA branch. Please contact me.
 I am willing to share my story so that this fund can continue to grow!

OFFICE USE ONLY

Assistance Granted Through _____ Program _____
 Assistance Awarded _____ Applicant's Portion _____
 Session _____ Yearly _____ Dates _____

Applicants MUST complete a regular camp registration form to accompany this application.