



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE POLICY

It is the goal of the Northwestern CT YMCA to provide services for persons who desire to participate in the activities and benefits of the YMCA. Those not able to pay the full fee **may be** awarded some assistance based on their demonstrated need.

In view of the fact that the demand for assistance ***always exceeds the dollars*** available, we request that each applicant ***honestly*** assess their financial situation. Youth memberships are a priority when assessing need.

Eligibility:

- Assistance may be granted on the basis of financial need. The household income guidelines used by the YMCA will be used as initial eligibility criteria.
- The YMCA believes a strong sense of ownership and pride is developed if the financial recipient contributes to the cost of their YMCA involvement, therefore, all applicants will be asked to pay a portion of their membership.

How to apply:

- Completed applications can be returned, **with income and expense documentation**, for review. Eligibility will be determined within 30 business days. Documentation will not be returned therefore do not send originals.
- ***Only completed applications with income and expense documentation will be reviewed.*** The YMCA reserves the right to refuse assistance or rescind assistance at any time.

Applications will not be excepted without ALL of the following:

- Completed, signed and dated application.
- Copies of all income documentation that is listed on application.
- Copies of all expense documentation that is listed on application.
- Copy of most recent income tax return and W-2.

Child Care Program Applicants (NOT babysitting)

- Must complete Care4Kids application and submit signed copy with mailed date along with this application to the Business Office.
- If you do not qualify for Care4Kids a letter of explanation must accompany this application.
- Allow 7 business days for your Childcare FA application to be processed.

Please note; if your application is approved the financial assistance is valid for only 12 months, at the end of the 12-month period you must reapply. To prevent any interruptions with your membership or programs, please reapply and submit your completed application within 30 days prior to your expiration date.

NORTHWESTERN CT YMCA
FINANCIAL ASSISTANCE APPLICATION

Updated 12/31/2014

Note: All information of personal nature will be held in confidence

I. APPLICANT:

Last Name	First Name	MI	Check which applies:	
_____	_____	_____	Own	Rent
Street Address	Apt #			
_____	_____			
City	State	Zip Code	Telephone #	
_____	_____	_____	_____	

II. MEMBERS OF HOUSEHOLD:

Full Name (INCLUDE YOURSELF)	Relationship	DOB	Employer	Weekly Wage
_____	Self	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

III. SERVICES BEING REQUESTED:

List who in your household will be using the following services for which you are seeking financial assistance.

Facility Membership _____

Programs* _____

Camp _____

Child Care (NOT babysitting) _____

* Program financial assistance is limited. It is NOT available for private swim lessons, personal training, & other programs the Y deems so.

IV. FINANCIAL INFORMATION:

1- Does anyone in your household currently receive financial assistance? Yes No

If yes, please identify which of the following:

Monthly \$

Federal/State Assistance (including housing assistance)	_____
Unemployment or Social Security	_____
Child Support	_____
Other	_____

2- Have you sought financial assistance from and of the below agencies?

<input type="checkbox"/>	Dept of Social Services	<input type="checkbox"/>	Grandparents Grant
<input type="checkbox"/>	United Way	<input type="checkbox"/>	Care 4 Kids
<input type="checkbox"/>	CL&P	<input type="checkbox"/>	Other: _____

Case # _____ Case Worker _____ Telephone _____

*By listing your case worker's contact information you are granting the Northwestern CT YMCA permission to contact them.

3- Are there any other sources of household income? No Yes \$ _____

V. HOUSEHOLD EXPENSES:

A invoice copy for each item must be attached.

	Monthly \$
Rent/Mortgage	_____
Real Estate Taxes	_____
Phone	_____
Oil/Gas/Electric	_____
Auto Payment	_____
Medical Insurance	_____

List any extraordinary family expenses

*	\$
*	\$

VI. What do you honestly feel you could afford to pay towards the program or membership for which you are applying? _____

VII. PLEASE PROVIDE REASON FOR YOUR APPLICATION

I certify that the above is true and complete to the best of my knowledge. I realize that if any of the information is falsified, the assistance is terminated immediately. I also understand that if I do not make all the required payments, I will no longer qualify for financial assistance.

Signature of Applicant Date

Signature of other Adult 18 years or older listed on application Date

Signature of other Adult 18 years or older listed on application Date

****Be sure to enclose a signed copy of the most current IRS Form 1040 and W-2's for all household members. Also the last 2 pay stubs, and/or other income source documentation for all household members.****