



**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:

- Complete the attached application and return it **with requested income 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 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.
- Copy of most recent income tax return

Child Care Program Applicants

- 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 Connecticut YMCA

FINANCIAL ASSISTANCE GUIDELINES

For Membership and PE Programs*

AMOUNT INDIVIDUAL PAYS

Number in Family	1	2	3	4	5	6	7	8
Annual Household Income								
up to \$12,880	20%	15%	10%	10%	10%	10%	10%	10%
up to \$17,420	30%	20%	15%	10%	10%	10%	10%	10%
up to \$21,960	40%	30%	20%	15%	10%	10%	10%	10%
up to \$26,500	50%	40%	30%	20%	15%	10%	10%	10%
up to \$31,040	60%	50%	40%	30%	20%	15%	10%	10%
up to \$35,580	70%	60%	50%	40%	30%	20%	15%	10%
up to \$40,120	80%	70%	60%	50%	40%	30%	20%	10%
up to \$44,660	90%	80%	70%	60%	50%	40%	30%	20%
up to \$49,200	100%	90%	80%	70%	60%	50%	40%	30%
up to \$53,740	100%	100%	90%	80%	70%	60%	50%	40%
up to \$58,280	100%	100%	100%	90%	80%	70%	60%	50%
up to \$62,820	100%	100%	100%	100%	90%	80%	70%	60%
up to \$67,360	100%	100%	100%	100%	100%	90%	90%	80%
up to \$71,900	100%	100%	100%	100%	100%	90%	90%	80%

**NORTHWEST CT YMCA
FINANCIAL ASSISTANCE APPLICATION**

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

1 APPLICANT:

Last Name	First Name	email
Street Address		Apt #
City	State	Zip Code
Telephone #		

2 ALL PERSONS IN THIS HOUSEHOLD:

3 Select Membership/ Program wanted

Full Name (INCLUDE YOURSELF)	Relationship	DOB	For Each Family Member			
	Self		<input type="checkbox"/> Membrshp	<input type="checkbox"/> PE/ Swim	<input type="checkbox"/> Childcare	<input type="checkbox"/> Camp
			<input type="checkbox"/> Membrshp	<input type="checkbox"/> PE/ Swim	<input type="checkbox"/> Childcare	<input type="checkbox"/> Camp
			<input type="checkbox"/> Membrshp	<input type="checkbox"/> PE/ Swim	<input type="checkbox"/> Childcare	<input type="checkbox"/> Camp
			<input type="checkbox"/> Membrshp	<input type="checkbox"/> PE/ Swim	<input type="checkbox"/> Childcare	<input type="checkbox"/> Camp
			<input type="checkbox"/> Membrshp	<input type="checkbox"/> PE/ Swim	<input type="checkbox"/> Childcare	<input type="checkbox"/> Camp
			<input type="checkbox"/> Membrshp	<input type="checkbox"/> PE/ Swim	<input type="checkbox"/> Childcare	<input type="checkbox"/> Camp
			<input type="checkbox"/> Membrshp	<input type="checkbox"/> PE/ Swim	<input type="checkbox"/> Childcare	<input type="checkbox"/> Camp

4 FOR FAMILIES WITH CHILDREN

Who has custody of the child(ren)?

Joint Mom Dad Foster

Guardian I do not have custody

Parent/Guardian #1

At Home Working In School

Parent/Guardian #2

At Home Working In School

5 TO QUALIFY FOR FINANCIAL ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES FOR LAST YEAR

- I am single, and only working adult in the household; I am providing **ONE** 1040 form
- I am married filing jointly; I am providing **ONE** 1040 form.
- We filed **MORE** than ONE tax form in our household; we are providing _____ 1040 forms.

AND

- TWO** most recent pay stubs, unemployment or other income documentation.

\$ _____

TOTAL ANNUAL HOUSEHOLD INCOME

(OR)

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR

- Documents showing most recent 30 days of income (including pay stubs or documentation of public assistance)

\$ _____ **x 12 =**
30 DAYS INCOME MONTHS

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

Please attach financial documents and drop off at the YMCA Branch Member Service Desk.

6 TELL US MORE- REASON FOR FINANCIAL ASSISTANCE REQUEST:

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

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS.

I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so financial aid can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance in the future.

8 _____
Signature of Adult listed on Application

Date

FOR OFFICE USE ONLY			
Date: _____	Staff: _____		
Membership & Program _____	Annual Income	\$ _____	
Household Size _____	F/A Awarded	_____	