



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Financial Assistance Program

We are committed to serving everyone in the community regardless of race, religion, sex or national origin.

<b>Applicant Name (s)</b>		<b>Date</b>
<b>Address</b>		
<b>Home Phone</b>	<b>Cell</b>	<b>E-mail</b>

The YMCA of Metuchen Edison Woodbridge and South Amboy is committed to providing financial assistance for membership and programs, whenever possible. We do not only provide assistance for children's programs, but for adults and families as well. Financial Assistance awards are based on a review of the applicant's income, expenses and extenuating circumstances.

To evaluate your individual needs, the Y requires as much information as possible about your financial situation. Certain items are mandatory and your Financial Assistance Application will be considered incomplete until all those items are submitted. Once the complete application is received, it takes at least 2 weeks to process and review.

**NOTE: Please do not include originals of any documentation, as they will not be returned. Your personal information will be held in complete confidence.**

**PLEASE READ IMPORTANT ELIGIBILITY GUIDELINES before completing application:**

- A. Applicants with balances within our association will not be eligible to apply for financial assistance.
- B. Applicants must live or work in our primary service area.
- C. Child Care assistance is extended to support employment.

**REQUIRED INFORMATION TO APPLY**

- <sup>1</sup>  Completed Application Form (please remember to sign TERMS OF AGREEMENT)
- <sup>2</sup>  A copy of your most recent / complete Income Tax Return (IRS Form 1040).
- <sup>3</sup>  All dependents **must be noted** on income tax return to be considered for financial assistance.

**Attach information as applicable to your situation**

- <sup>4</sup>  If you are receiving **Social Security Benefits, Alimony, Food Stamps, Medicaid or Medicare, Catholic Charities, Section 8 Housing, etc.** please submit a copy of the award letter.
- <sup>5</sup>  If you and your spouse are **employed**, copies of your last two pay stubs (from all current employers).
- <sup>6</sup>  If you are a **student**, submit your latest tuition bill, copy of schedule and any financial aid awarded to you.
- <sup>7</sup>  If you are **self-employed** you must submit your latest business and personal Federal Income Tax Return.
- <sup>8</sup>  If you are **unemployed**, you must submit your State unemployment documentation of payment / denial.
- <sup>9</sup>  If you are a **foster parent or have legal guardianship**, please provide supporting documentation for child(ren) you are requesting assistance for.

**OPTIONAL INFORMATION**

- <sup>10</sup>  Telephone utility and other monthly bills (i.e. rent) for the previous three months that would serve as backup to your claim of financial assistance.
- <sup>11</sup>  Letters from a doctor, hospital or other provider that detail a condition that increases your need for the Y's programs or services and is an extenuating factor in your request for assistance.

**RETURN COMPLETED APPLICATION PAGES 1- 4 TO:  
YMCA of Metuchen Edison Woodbridge and South Amboy , 483 Middlesex Ave, Metuchen, NJ 08840**

# Confidential Financial Assistance Application

## STEP 1

I am applying for assistance at (select **ONLY** one):

- Metuchen Y, 65 High St.                       Edison Y, 1775 Oak Tree Rd.  
 Woodbridge Y, 600 Main St                       South Amboy Y, 200 John T. O’Leary Blvd  
 Child Care Center or Outdoor Pool – if so (name & address) \_\_\_\_\_

I am applying for assistance for:

- Membership** (select one)
  - Adult
  - Family
  - Senior
  - Single Parent
  - Student
  - Youth
- Programs**
  - Before Care
  - After School Care
  - Fitness / Wellness Classes
  - Swimming Classes
  - Summer Camp at \_\_\_\_\_
  - Other \_\_\_\_\_
- Child Care**    Age of children \_\_\_\_\_

1. Is this for a new membership or renewal?                       New     Renewal: Member # \_\_\_\_\_
2. Have you ever applied for Y financial assistance?     No     Yes
3. If yes, please name the Y \_\_\_\_\_ Date \_\_\_\_\_
4. Were you awarded assistance at that time?     No     Yes, if so when \_\_\_\_\_

## STEP 2

Who would this assistance be for? **DEPENDENT(S) MUST APPEAR ON TAX RETURN**

	First name	Last Name	Date of Birth	Gender	Relationship to Applicant
1					
2					
3					
4					
5					

## STEP 3

Please explain why you are applying for financial assistance, attach a separate sheet if necessary.

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**STEP 4****Applicant or Parent/Guardian (please print)**

Name	Date of Birth	Gender	
Address	City	State	Zip
Day Phone	Evening Phone	Cell Phone	
Employer	Employer's Address		
Supervisor's Name	Position Held	How many years employed	

**STEP 5****Applicant's Spouse or Partner ▶ IF DIVORCED or SEPARATED, provide ex-spouse/partner information**

Name	Date of Birth	Gender	
Address	City	State	Zip
Day Phone	Evening Phone	Cell Phone	
Employer	Employer's Address		
Supervisor's Name	Position Held	How many years employed	

**STEP 6**

**Marital Status:**  Single  Married  Divorced  Widowed  Domestic partnership

**Household:**  Single Adult  Single Adult + Children  Two Adults  Two Adults + Children

Other family household: grandparent, foster parent, other \_\_\_\_\_

**STEP 7****List ALL household members, including applicant, spouse/partner, children, siblings, etc.**

First name	Last Name	Date of Birth	Gender	Relationship to Applicant
<sup>1</sup> Applicant				
<sup>2</sup> Spouse / Partner				
3				
4				
5				
6				
7				

**STEP 8**

**INCOME / EXPENSE WORKSHEET**

Please check appropriate box regarding your TOTAL household income:

- Under \$10,000                       \$20,001 – 25,000                       \$35,001 – 40,000
- \$10,000 – 15,000                       \$25,001 – 30,000                       \$40,001 – 45,000
- \$15,001 – 20,000                       \$30,001 – 35,000                       \$45,001 and above

**Income**

Your Household Gross Monthly Income \_\_\_\_\_

Other Adult's Gross Monthly Income \_\_\_\_\_

Unemployment \_\_\_\_\_

Aid to Dependent \_\_\_\_\_

Unemployment compensation \_\_\_\_\_

Social Security / Disability \_\_\_\_\_

Child Support \_\_\_\_\_

Alimony \_\_\_\_\_

Catholic Charities \_\_\_\_\_

Housing Allowance \_\_\_\_\_

Food Stamps \_\_\_\_\_

Pension / Retirement \_\_\_\_\_

Other Income Source \_\_\_\_\_

\_\_\_\_\_

**TOTAL MONTHLY INCOME** \_\_\_\_\_

**Expenses**

Rent / Mortgage (circle one) \_\_\_\_\_

Utilities \_\_\_\_\_

Food \_\_\_\_\_

Phone \_\_\_\_\_

Alimony \_\_\_\_\_

Child Support \_\_\_\_\_

Medical Expenses \_\_\_\_\_

Health Care Premiums \_\_\_\_\_

Credit Cards \_\_\_\_\_

Car Payment \_\_\_\_\_

Make & Year of Vehicle \_\_\_\_\_

Car Insurance \_\_\_\_\_

Other (please explain) \_\_\_\_\_

\_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \_\_\_\_\_

**STEP 9**

How much money are you able to contribute towards this service? \$ \_\_\_\_\_ per \_\_\_\_\_

If financial assistance is awarded, it will usually be for a percentage of the total cost of the program and/or membership. The recipient will then be responsible for the payment of a portion of the fees. When programs, membership and child care rates change, so may the fees. Financial Assistance cannot be provided for extended periods of time. If you are in need of assistance for long term services, you are encouraged to contact the Department of Social Services.

This service is a privilege and is extended only to those who maintain and support the regulations and purposes of the Y. The Y has the right to revoke this agreement should the recipient fail to follow the Branch and/or Center policies as explained during the enrollment.

**TERMS of AGREEMENT**

I attest that all the information on this form is truthful and accurate. I understand that false information would result in denial or removal of assistance.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received by Corporate \_\_\_\_\_ Returned to App \_\_\_\_\_ Date Recorded \_\_\_\_\_ Forwarded to \_\_\_\_\_ on \_\_\_\_\_

DATE APPROVED \_\_\_\_\_ Rate reduced to \_\_\_\_\_ Notified \_\_\_\_\_

Program(s) \_\_\_\_\_

DATE DENIED \_\_\_\_\_ Reason \_\_\_\_\_ Notified \_\_\_\_\_