



Financial Assistance Application For Child Care and Programs

YMCA of Metuchen, Edison
Woodbridge and South Amboy

Name of Person Completing Application_____	Date_____		
Street Address_____	City_____	State_____	Zip_____
Home Phone_____	Cell_____	Email_____	

OUR FINANCIAL ASSISTANCE PROGRAM IS CENTRAL TO OUR MISSION

The YMCA of Metuchen, Edison, Woodbridge and South Amboy believes that everyone, regardless of age and their financial situation, deserves access to our services to help them live healthier lives and a chance to realize their full potential. At the Y, no one is turned away because of an inability to pay. Assistance is awarded based on household income, size, extenuating circumstances and the availability of funds on a first come, first served basis. Our Financial Assistance program is made possible through our YMCA's Annual Support Campaign, special events and donors.

ELIGIBILITY GUIDELINES

- 1 Applicants with balances within our Association will not be eligible for financial assistance.
- 2 Applicants must live or work in our primary service area of Edison, Metuchen, Perth Amboy, Piscataway, Sayreville, South Amboy and Woodbridge Township.
- 3 Financial Assistance is provided to support (both) working parents/guardians. If an adult in the household is unemployed, the chances of receiving financial assistance are limited unless there are extenuating circumstances.
- 4 **NOTE:** Acceptance of a financial assistance award will disallow the use of any other YMCA discount or financial incentive.

REQUIREMENTS TO APPLY

To fairly evaluate an individual's needs, we require specific information regarding your financial situation. Incomplete applications will not be reviewed until all required documentation has been received. All information will be kept confidential.

- 1 Application: Pages 1-4 completed and signed
- 2 Copy of recent Tax Return (all pages). If married and filing separate, both returns are required.
- 3 W-2s: All that Support Tax Return for you and spouse
- 4 Didn't File a Return: Applicants who do not file a Federal Income Tax return will need to submit Verification of Non-filing from the IRS. This verification is available by using IRS form 4506-T; available online.
- 5 Dependents to be considered for assistance must appear on your tax return.
- 6 Dependents Claimed by Other Parent: If dependents reside with you, but are claimed by another parent, attach his/her return, divorce decree along with proof your children reside with you.
- 7 Two most recent paystubs for all working adults in household
- 8 Self-Employed: You and/or spouse must submit the latest business and personal federal income tax return.
- 9 Other Income or Aid: Current statement of award or denial of benefits for alimony, child support, child care subsidy NJCK, food stamps, Medicaid/Medicare, Section 8 Housing, TANF, SSI, SSA etc.

Also provide the following additional information as it applies to you:

- 10 Students: Submit copy of current tuition bill, class schedule and any financial aid awarded to you.
- 11 Foster Parent or Legal Guardian: Provide supporting documentation of guardianship for dependents.
- 12 Unemployed: You and/or spouse must submit your state unemployment documentation of payment or denial.
- 13 Medical: Letter from your physician supporting medical need for our Y's programs and services.

STEP 1:

Location applying for assistance: Please confirm location is able to accommodate your individual needs. All branches and child care centers do not provide the same services. Visit www.ymcaofmewsa.org for more information. Submit completed application and supporting documents to the branch you are applying for assistance from, please ensure you mark your communication as "confidential – Financial Assistant", as we value your privacy.

- Edison YMCA • 1775 Oak Tree Road, Edison, NJ 08820
- Metuchen YMCA • 65 High Street, Metuchen, NJ 08840
- South Amboy YMCA • 200 John T. O’Leary Blvd. , South Amboy, NJ 08879
- Child Care • YMCA Child Care Services Financial Assistance • 483 Middlesex Avenue, Metuchen NJ 08840

Program applying for:

- Before Care
 - After School Care
 - Fitness or Wellness Classes
 - Swimming Classes
 - Summer Camp at _____
 - Other _____
- Child Care: List Name /Ages of Children

Previous Application or Award for Assistance:

1. Have you previously applied for assistance at one of our Branches or Child Care Centers? No Yes
2. If yes, please provide the name of the location _____ Date _____
3. Were you awarded assistance at that time? No Yes (list years awarded) _____

STEP 2: Who would this assistance be for?

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

STEP 3: Please share with us your need for financial assistance.

STEP 4: Applicant or Guardian 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 5: Spouse or Domestic 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

Type of Household: Single Adult Single Adult + Children Two Adults Two Adults + Children

Other: grandparent, foster parent etc. _____

STEP 7: List all adults and dependents in household: applicant, spouse, partner, children, grandparents etc.

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

STEP 8: You may qualify for NJ Cares for Kids Child Care Assistance, please read below:

Before applying for financial assistance, the YMCA requests you contact Community Child Care Solutions. CCCS is accepting applications for the NJ Cares for Kids Program NJCK for families earning 200 percent of the federal poverty level. Applicants must be Middlesex County Residents. The program helps low income, full time working parents and students pay for child care. Eligibility is based on family size and income. Applications are available at www.communitychildcaresolutions.org or at 103 Center St. Perth Amboy NJ 08861 732-324-4357. Please direct all questions regarding this program to Community Child Care Solutions.

STEP 9: Provide income and expenses for entire household, attach proof of assistance.*

TOTAL HOUSEHOLD INCOME / EXPENSE WORKSHEET			
<input type="checkbox"/> Under \$12,000	<input type="checkbox"/> \$18,001 – 21,000	<input type="checkbox"/> \$27,001 – 30,000	<input type="checkbox"/> \$39,001 – 42,000
<input type="checkbox"/> \$12,001 – 15,000	<input type="checkbox"/> \$21,001 – 24,000	<input type="checkbox"/> \$30,001 – 36,000	<input type="checkbox"/> \$42,001 – 45,000
<input type="checkbox"/> \$15,001 – 18,000	<input type="checkbox"/> \$24,001 – 27,000	<input type="checkbox"/> \$36,001 – 39,000	<input type="checkbox"/> \$45,001 +

Monthly Income	Adult 1	Adult 2	Dependents	Other
Gross Monthly Income				
Aid to Dependent Children *				
Child Support Receiving*				
Alimony (receiving)*				
Food Stamps, TANF*				
Housing Allowance*				
Pension/Retirement				
SSI/ Disability*				
State Funding for Child Care*				
Student Loan Disbursements*				
Unemployment*				
Other (Please Explain*)				
Total Monthly Income	\$	\$	\$	\$
Monthly Expenses	Adult 1	Adult 2	Dependents	Other
Rent/ Mortgage – circle one				
Alimony (paying)				
Child Care				
Child Support (paying)				
Groceries				
Medical/Dental				
Phone				
Tuition/ College Loans				
Utilities				
Vehicle Insurance				
Vehicle Make & Year				
Vehicle Payment				
Other (credit cards, gas etc.)				
Total Monthly Expenses	\$	\$	\$	\$

STEP 10: I am able to contribute \$ _____ towards this service.

If assistance is awarded, it will usually be a percentage of the total cost of the program and/or membership. The recipient will be responsible for the payment of a portion of the fees. If the YMCA's 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 YMCA. The YMCA has the right to revoke this agreement should the recipient fail to follow the Branch and/or Center policies as explained during the enrollment.

STEP 11: TERMS OF AGREEMENT: I hereby state the information provided to be true and understand misrepresentation would result in denial or removal of assistance.

☞ Applicant's Signature _____ Date _____

OFFICE USE

HR Rec'd	Returned App	Rec'd	Forwarded to	Date
Date	Rate			
Approved	Reduced to	Programs		Date Notified
Date				
Denied	Reason			Date Notified