



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YCARES Financial Assistance - EZ App

The YMCA strives to make our programs and membership available to all who will benefit from them, regardless of their ability to pay. All financial assistance is granted on a sliding scale based on income and need. All information is kept confidential.

### ASSISTANCE REQUEST

**Membership:**

- Adult
- Family
- Youth

**Programs:**

- Sports
- Aquatics
- Enrichment
- After/Before Care
- Summer Camp
- Other

### PRIMARY APPLICANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Cellphone #: \_\_\_\_\_ Email : \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

### SECOND ADULT APPLICANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Cellphone #: \_\_\_\_\_ Email : \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

### PLEASE LIST THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD

- |    |       |           |      |                    |
|----|-------|-----------|------|--------------------|
| 1. | _____ | DOB _____ | M/ F | Relationship _____ |
| 2. | _____ | DOB _____ | M/ F | Relationship _____ |
| 3. | _____ | DOB _____ | M/ F | Relationship _____ |
| 4. | _____ | DOB _____ | M/ F | Relationship _____ |
| 5. | _____ | DOB _____ | M/ F | Relationship _____ |
| 6. | _____ | DOB _____ | M/ F | Relationship _____ |

**Dependents (age 18 and under) may include children, foster children, grandchildren and other children for whom the adult is guardian and on their tax return.**

## INCOME VERIFICATION

	Your Income	Spouse's Income
Salary, wages and tips	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Child support / Alimony	\$ _____	\$ _____
Aid for Dependent Children	\$ _____	\$ _____
Retirement Income	\$ _____	\$ _____
Housing assistance	\$ _____	\$ _____
Other	\$ _____	\$ _____
Rent/Mortgage	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

### Submit your completed Financial Assistance Application for all Adults with the following:

1. Current year's Federal Tax Return (Form 1040 pages 1 and 2 ONLY; or 1040EZ)
2. Copies of your last two paycheck stubs **OR** a letter from your employer stating your annual salary
3. Copies of any supporting documentation listed in the above income line item

Please mark out all Social Security numbers, tax ID numbers and/or credit card numbers before submitting any paperwork.

**Applications received without the above documentation attached will be returned unprocessed.**

I certify that this information is true and complete to the best of my knowledge. I grant permission to the YMCA to verify this information. I agree to notify the YMCA if my financial status should change. In accordance with the character values of honesty, respect, caring, responsibility, and faith. I verify that that the information provided on the application is accurate.

This application must be renewed every 12-months. Assistance will be granted on the basis of financial need and when the funds are available. The YMCA reserves the right to change mind, amend or discontinue a recipient's financial assistance at any time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.**

**RARITAN BAY AREA YMCA**

357 New Brunswick Avenue, Perth Amboy NJ 08861  
732.442.3632 www.rbaymca.org

Date Received: \_\_\_\_\_ Renewal Date : \_\_\_\_\_  
Front Desk Initials: \_\_\_\_\_ Award Amount % : \_\_\_\_\_