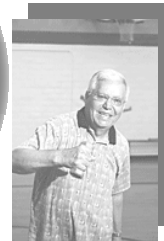


# YCares





## Confidential Financial Assistance Application

The Raritan Bay Area YMCA is dedicated to building strong kids, strong families, and strong communities through programs that develop values of caring, honesty, respect, and responsibility. The YMCA serves all people, regardless of age, religion, gender, or financial means and is committed to helping all people develop a healthy mind, body, and spirit. The YMCA is community-based and believes that its programs and services should be available to everyone. That's why the YMCA offers a YCAres program. YCAres is a financial assistance program designed to establish suitable fee arrangements with individual's based on their circumstances and their demonstrated ability to pay. Assistance may be limited by the resources available at the time the application is processed. The YMCA believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement; therefore, you will be asked to pay some portion of the fees.

YCAres is funded through the generosity of our members, volunteers, and community donors.

In order to make a reasonable and consistent determination of assistance, the Raritan Bay Area YMCA request that individuals provide the required documents noted below. All information provided will be kept confidential. The application will be reviewed for eligibility minimally after a six (6) month period for program and membership, unless otherwise stated. The YMCA also requires that you reapply when requested to keep information on the application updated. Your fees are subject to increase when you reapply. If you do not reapply when requested, your enrollment may be terminated.

### To process your application, we will need the following information:

- Most recent Income Tax Return, Form 1040 or 1040EZ, as filed with the Internal Revenue Service (IRS)
  - IRS can be contacted at 1-800-829-1040
  - W2's are NOT accepted

#### ALL OF THE FOLLOWING THAT APPLY

- Two (2) most recent (consecutive) pay stubs for EACH wage earner, showing gross and net income
  - If pay stubs are not available, provide letter of employment specifying gross salary, signed and dated by employer on company Letterhead
- Documentation of following benefits:
  - Social Security, unemployment, disability, Green/Gold checks, retirement, pension, Welfare, Food Stamps, Section 8, TANF (Temporary Assistance to Needy Families)
- W7 Form as provided to IRS
- Documentation of dependents not listed on tax return:
  - Medicaid cards, custody agreement, school registration, letter from Social Services for foster children

A standing committee of the Board of Directors, based on thorough review of the application, will determine the financial assistance eligibility. Please allow 2-3 weeks to process your application. Personal interviews may be requested. You will be notified via phone and/or mail if your application has been approved or if you need to submit additional information. Scholarships will be awarded on a first come, first served basis, subject to available resources.

All YMCA members and program participants receive the same benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people.



**INCOME/EXPENSE WORKSHEET**

**INCOME (Monthly)**

<b>Full Name:</b>	Applicant	Adult Wage Earner	Adult Wage Earner	Adult Wage Earner	Adult Wage Earner
Gross Income	\$	\$	\$	\$	\$
Child Support (receiving)	\$	\$	\$	\$	\$
Alimony (receiving)	\$	\$	\$	\$	\$
Aid to Dependent Child(ren)	\$	\$	\$	\$	\$
SSI, Retirement, Welfare, etc	\$	\$	\$	\$	\$
Other (please explain) _____	\$	\$	\$	\$	\$
<b>Total Monthly Gross Income</b>	\$	\$	\$	\$	\$
<b>Total Annual Gross Income</b>	\$	\$	\$	\$	\$

**EXPENSES (Monthly)**

Rent/Mortgage	\$	\$	\$	\$	\$
Utilities (total)	\$	\$	\$	\$	\$
Telephone (listed in your name)	\$	\$	\$	\$	\$
Vehicle Payment (monthly)	\$	\$	\$	\$	\$
Vehicle Insurance (monthly)	\$	\$	\$	\$	\$
Medical/Dental Expenses	\$	\$	\$	\$	\$
Tuition/College Loans	\$	\$	\$	\$	\$
Child Support (paying)	\$	\$	\$	\$	\$
Alimony (paying)	\$	\$	\$	\$	\$
Child Care	\$	\$	\$	\$	\$
Other (please explain) _____	\$	\$	\$	\$	\$
<b>Total Monthly Expenses</b>	\$	\$	\$	\$	\$

## SPECIAL CIRCUMSTANCES

List and document any special circumstances that contribute to your request for financial assistance. Please use an additional sheet, if necessary. Examples of special circumstances include: major medical expenses not covered by insurance, separation, divorce, disability, job loss, change in income, etc.

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## HOW DID YOU HEAR OF THE ASSISTANCE PROGRAM?

Please assist us with our efforts to communicate the availability of our Financial Assistance program by checking how you learned of our program:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Advertisement       | <input type="checkbox"/> Referred by YMCA staff member | <input type="checkbox"/> Medical Referral Program |
| <input type="checkbox"/> Corporate Referral  | <input type="checkbox"/> I am a former member          | <input type="checkbox"/> Referred by YMCA member  |
| <input type="checkbox"/> Drive/Walk by       | <input type="checkbox"/> Internet                      | <input type="checkbox"/> Word of Mouth            |
| <input type="checkbox"/> School Organization | <input type="checkbox"/> Religious Organization        | <input type="checkbox"/> I am a Program Member    |
| <input type="checkbox"/> Other: _____        |  |   |

## ASSISTANCE PROVIDED BY Y TEAM MEMBER

Did a YMCA Staff member assist you with completing the application?  Yes  No

If yes, please provide the name of the Staff member who assisted you? \_\_\_\_\_

## VERIFICATION AND AUTHORIZATION

In accordance with the character values of faith, honesty, respect, caring and responsibility, I verify that the information provided on this application is accurate. This includes, but is not limited to, the selection of membership category, covered individuals and documentation of income and expenses for all adult wage earners.

Primary Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Office Use Only

Member #: \_\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff: \_\_\_\_\_

Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff: \_\_\_\_\_

Amount Awarded: \$ \_\_\_\_\_ MBR PG: \_\_\_\_\_% PROG PG: \_\_\_\_\_%