

Connecting with your YMCA needs!



**YMCA of Greater Hartford
Financial Assistance Application**

**The YMCA of Greater Hartford Financial Assistance
Program is funded through the Strong Kids Annual
Campaign**

YMCA FINANCIAL ASSISTANCE APPLICATION

All information is confidential and not shared with any other YMCA or organization.

Name _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Status: ___ Single ___ Married ___ Divorced ___ Partner

Number of Dependents _____ (including yourself, spouse/partner & children)

Are you a full time student? ___ Yes ___ No Name of School _____

List names (last names also if different from yours) and ages if all persons in the household. Your household includes your spouse/partner and dependents you claim on your federal income tax return.

1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

4. _____ Age _____

5. _____ Age _____

6. _____ Age _____

7. _____ Age _____

8. _____ Age _____

APPLICANT EMPLOYMENT INFORMATION

Are you currently employed? ___ NO ___ YES If yes, please complete the following information

Applicant's Employer _____ Work Phone _____

Employer Address _____ City _____ State _____ Zip _____

Applicant's Position _____ Length of Employment _____

Supervisor's Name _____ ___ Part-Time ___ Full-Time

SPOUSE/PARTNER EMPLOYMENT INFORMATION

Is your spouse/partner currently employed?

___ YES If yes, please complete the following information ___ NO

Applicant's Employer _____ Work Phone _____

Employer Address _____ City _____ State _____ Zip _____

Applicant's Position _____ Length of Employment _____

Supervisor's Name _____ ___ Part-Time ___ Full-Time

With which programs do you need assistance?

___ Programs _____

___ School-Age Child Care

___ Day Camp

___ Resident Camp

List all household members who will participate in these programs.

What is the program fee or cost? _____

How much do you feel you can afford to pay? _____

Have you previously received assistance from the YMCA? ___ YES ___ NO When? _____

For which programs did you receive assistance? _____

YMCA FINANCIAL ASSISTANCE APPLICATION

With this application, please attach the following documentation:

1. Copies of the last 2 pay stubs from ALL current employers for all working members of the household.
2. Copy of your most recent Tax Return (IRS Form 1040) with copies of all supporting W-2 forms for all tax filers in the household. If you have not filed you will need to provide proof of your non-filing status. To receive proof of non-filing status, call 1-800-829-1040. If you have never filed, or have not filed in the last 5 years, you need to request Form 4506-T.
3. Proof of public assistance if applicable (i.e. Medicaid, Food Stamps, and SSI).

I, _____, do hereby certify that I have read and completed the attached YMCA of Greater Hartford Financial Assistance application indicating the total number of persons in my household and the total gross annual income received during the past twelve (12) months as required to determine eligibility to participate in YMCA programs on the basis of low/moderate income designation.

TERMS OF AGREEMENT

I declare that the aforementioned statements are true and correct to the best of my knowledge. If requested, I will provide further substantiation of all facts, including current income. I hereby authorize the YMCA of Greater Hartford to obtain employment income verification from my employer. I agree to inform the YMCA of Greater Hartford of any material change to my financial status and employment.

HOUSEHOLD MONTHLY INCOME

We will need the following information for all adults in the household to verify household income (as applies):
Documentation must be submitted.

- \$ _____ 1) Your Gross Monthly Salary
- \$ _____ 2) Other Adult's Gross Monthly Salary
- \$ _____ 3) Child Support
- \$ _____ 4) Aid to Dependent Children
- \$ _____ 5) Welfare
- \$ _____ 6) Food Stamps
- \$ _____ 7) Reduced School Lunch Program
- \$ _____ 8) Social Security/Disability
- \$ _____ 9) Unemployment
- \$ _____ 10) Pension/Retirement
- \$ _____ 11) Alimony
- \$ _____ 12) Care 4 Kids
- \$ _____ 13) Other (please explain)

\$ _____ TOTAL MONTHLY INCOME

Please tell us about any special circumstances that should be considered in your application.

Please attach any other additional information.

OFFICE USE ONLY			
Assistance Granted Through _____	_____	Program _____	_____
Assistance Awarded _____	_____	Applicant's Portion _____	_____
Session _____	Yearly _____	Dates _____	_____

YMCA FINANCIAL ASSISTANCE FREQUENTLY ASKED QUESTIONS

Q. What is Financial Assistance?

A. The YMCA of Greater Hartford believes in providing membership and program services to all who desire to participate. The YMCA's Financial Assistance program, supported in part by the Strong Kids Annual Campaign, uses all available resources to provide support to those who have financial need and qualify for assistance.

Q. Who is eligible for Financial Assistance and how is it determined?

A. Anyone may apply for Financial Assistance. Approval of the application is made on an individual basis. The YMCA uses a sliding-fee scale guideline based on total household income and number of dependents. The scale assists the staff at each branch in determining the amount of assistance awarded and its applicable time frame.

Q. Is it possible to join the YMCA for free?

A. The YMCA believes a strong sense of ownership and pride is developed when the financial assistance recipient contributes to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the fee for the requested service.

Q. If I receive Financial Assistance, what is expected of me?

A. Upon approval of financial assistance, a YMCA staff member will review conditions of the Financial Assistance with you. Those conditions will include the length of financial assistance, the expectation that you take full advantage of the assistance by using the YMCA services regularly, as well as a commitment to make payments on time.

Q. How quickly can I expect to receive this assistance?

A. Once the Financial Assistance application and all required documents have been submitted to the designated staff member, the YMCA will contact you within two weeks to review the outcome of your application.

Q. How long will Financial Assistance continue?

A. Need for assistance is assessed at the time of request and is reviewed on a regular basis.

Q. Who will be reviewing my application?

A. The Membership Director and administrator review and process your application. All information is handled confidentially and kept secure.

Q. May I do anything in return for this assistance?

A. YES! At the YMCA, youth and adults are encouraged to volunteer. Also, YMCA donors appreciate learning how their contributions are used. Tell us your story! Submitting a short note about how you or your family benefited from the financial assistance is appreciated.

Q. Is Financial Assistance available at all YMCA of Greater Hartford branches?

A. Yes. Financial Assistance is available at all YMCA of Greater Hartford branches. Financial Assistance is branch specific, and is not transferable from one branch to another. You must request from the branch at which you wish to participate as a member or program participant.

The YMCA of Greater Hartford is a non-profit 501(c) (3) charitable organization which serves more than 108,000 people in 44 towns across the Capital Region. YMCA programs put the values of caring, honesty, respect and responsibility into practice to build healthy spirit, mind and body for all participants.