



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **Hopewell Valley YMCA Financial Assistance Application**

The Hopewell Valley YMCA strives to serve everyone in the community regardless of economic circumstances. Financial aid applications for YMCA programs and membership can be obtained from the YMCA office. The assistance is made available through the generosity of YMCA supporters and is awarded without regard to race, religion, sex, or national origin. In general, financial aid will be granted based on family income and the applicant's ability to pay, as well as the availability of funds and the integrity of the application. All financial aid applications are kept confidential. Please note that the YMCA believes that a strong sense of ownership and pride is developed as the participant contributes to the cost of their YMCA involvement and, therefore, applicants are expected to pay a percentage of the program cost.

1. Financial information must be submitted for every person who lives in the residence. Applicant must live within the Hopewell Valley YMCA's service area
2. Proof of income must accompany the application. Applicants must submit the last two pay stubs, workers compensation benefits (if applicable), and copies of the most recent tax returns for every employed person in the household. If receiving social security or public assistance, a benefit letter or statement from a caseworker must be included
3. Once a determination letter has been sent, the financial assistance is in effect for six months. If you wish to continue receiving assistance, you must reapply. To reapply you must request and complete another application in full, including proof of income
4. To assure your application is reviewed in a timely manner, please adhere to the following deadlines:
  - a. For a program beginning September-December, application must be submitted by mid-August
  - b. For a program beginning January-March, application must be submitted by mid-December
  - c. For a program beginning April-August, application must be submitted by mid-February
5. If you receive funding from any other agency for child care programs, including Summer Camp or YMCARE, you must choose which assistance to utilize
6. If payments are not kept current you stand the risk of losing your financial assistance

Financial Application Continued





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**Applicant Information**

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Program applying for \_\_\_\_\_

**Complete for yourself and all persons who live at the residence**

Last Name	First Name	Employed?	Birth Date	Gender	Relationship to you	Check if tax dependent

**Employment Information**

Complete for all employed household members

1. Name \_\_\_\_\_ Employer \_\_\_\_\_

Job/Title \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Employer \_\_\_\_\_

Job/Title \_\_\_\_\_ Address \_\_\_\_\_

3. Name \_\_\_\_\_ Employer \_\_\_\_\_

Job/Title \_\_\_\_\_ Address \_\_\_\_\_

Financial Application Continued





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**Full-Time Adult Student**

List any adult household members who are full-time students

Name \_\_\_\_\_

Name \_\_\_\_\_

College/University \_\_\_\_\_

College/University \_\_\_\_\_

**Financial Information**

Please indicate the source and amount of the current monthly income for all members of your household before deductions. If you receive more than one check from any of these sources, please indicate the total amount

	Monthly Income		Monthly Expense
Gross Salary/Wages (before deductions)	\$	Mortgage/Rent	\$
Social Security Benefits	\$	Property Taxes (if not included w/mortgage)	\$
Public Assistance (HUD, welfare, etc.)	\$	Gas/Electric	\$
Child Support	\$	Phone	\$
Unemployment	\$	Food	\$
Disability	\$	Medical Insurance, Bills	\$
Alimony	\$	Insurance	\$
Investment Income	\$	Car Payment	\$
Other	\$	Personal Loans	\$
	\$	Credit Cards	\$
	\$	Other	\$
<b>Total Monthly Income</b>	<b>\$</b>	<b>Total Monthly Expense</b>	<b>\$</b>

**Other Supporting Information**

Please explain your reasons for requesting aid and any other information pertinent to your family/household situation which may be helpful in our decision (attach additional written statement to support your request, if needed).

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Financial Application Continued





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**References**

List two individuals who can support the information provided in this application

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**Signature**

Application will not be reviewed if not signed

I certify that the information provided on this application is complete and true to the best of my knowledge. If incorrect information is admitted, I understand that I will be responsible for the full cost of membership/services provided by the YMCA. I authorize the Hopewell Valley YMCA to investigate all aspects of the above listed information, including my salary and related information.

Signature \_\_\_\_\_ Date \_\_\_\_\_