

# FINANCIAL ASSISTANCE APPLICATION

Choose the branch where you are applying for financial assistance:

- Berkeley Heights Community Pool
- Berkeley Heights YMCA
- Summit YMCA
- The Learning Circle YMCA

## APPLICANT INFORMATION:

### Adult Applicant 1 (Or Parent/Legal Guardian of Youth Applicant):

Last Name \_\_\_\_\_ ( ) M ( ) F  
 First Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Email \_\_\_\_\_

I am applying for financial assistance for the following:

- Membership:** (Select Membership Type)
  - Adult  Family  Teen  Youth
- Program:** Please indicate which program \_\_\_\_\_
- Child Care**
- Camp**
- Other:** \_\_\_\_\_

In order to determine your family size and calculate need, please list all household members and family noted as dependents for tax purposes.

### Adult Applicant 2 (Other Adult in Household, If Applicable):

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ DOB \_\_\_\_\_  Need Assistance

### Dependents:

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ DOB \_\_\_\_\_  Need Assistance  
 Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ DOB \_\_\_\_\_  Need Assistance  
 Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ DOB \_\_\_\_\_  Need Assistance  
 Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ DOB \_\_\_\_\_  Need Assistance

### For Internal Office Use Only:

Date of Award \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Percent Awarded \_\_\_\_\_  
 Total Annual Income \_\_\_\_\_  
 ( ) Substantiated ( ) Unsubstantiated  
 Third Party ( ) Yes ( ) No

## EMPLOYMENT INFORMATION:

### Applicant 1

Employer Name \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### Applicant 2

Employer Name \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

## HOUSEHOLD INFORMATION:

Applications will be processed only after all information is submitted and the application is filled out completely. Applicants will be asked to provide documentation to verify their expenses.

### Household Income (Enter Monthly Amounts Only):

\$ \_\_\_\_\_ Adult Applicant 1's Gross Monthly Wages  
 \$ \_\_\_\_\_ Adult Applicant 2's Gross Monthly Wages  
 \$ \_\_\_\_\_ Child Support  
 \$ \_\_\_\_\_ Social Security or Disability  
 \$ \_\_\_\_\_ Welfare (Submit Copy of Card)  
 \$ \_\_\_\_\_ Food Stamps  
 \$ \_\_\_\_\_ Unemployment for ( ) Applicant 1 ( ) Applicant 2  
 \$ \_\_\_\_\_ Other (Please explain) \_\_\_\_\_

Are there any extraordinary circumstances that should be taken into consideration when reviewing this application?  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you interested in volunteering at the Y? \_\_\_\_\_ Yes \_\_\_\_\_ No

I (we) certify that all of the information provided to the Summit Area YMCA is true and correct. I (we) certify that all income, including income from self-employment, is reported to the Summit Area YMCA.

I (we) understand that child care is provided during my working hours only. I (we) understand that any change in family size, family income or any other circumstances that may change eligibility must be reported to the Summit Area YMCA within 2 weeks.

I (we) understand that the Summit Area YMCA may contact the numbers provided by me to verify information and I (we) authorize the representatives at those numbers listed to release information for the purpose of verification.

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

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

## BERKELEY HEIGHTS YMCA

550 Springfield Avenue | (P) 908 464 8373  
 Berkeley Heights, NJ 07922 | (F) 908 508 1059

## BERKELEY HEIGHTS COMMUNITY POOL at the YMCA

59 Locust Avenue | (P) 908 464 6214  
 Berkeley Heights, NJ 07922 | (F) 908 508 1059

## THE LEARNING CIRCLE YMCA

95 Morris Avenue | (P) 908 273 7040  
 Summit, NJ 07901 | (F) 908 273 5670

## SUMMIT YMCA

67 Maple Street | (P) 908 273 3330  
 Summit, NJ 07901 | (F) 908 273 0258

The Summit Area YMCA is one of the area's leading charitable 501(c)3 organizations. Our programs and services are open to all through our financial assistance programs made possible through the generosity of our members, donors and partners. To help us help others, make your tax-deductible donation today at [www.theSAY.org](http://www.theSAY.org).

[www.theSAY.org](http://www.theSAY.org)



# FINANCIAL ASSISTANCE AT THE YMCA

**BUILDING STRONG COMMUNITIES  
 DEEPENING IMPACT**





## ENSURING A BRIGHTER FUTURE FOR EVERYONE

The Summit Area YMCA is a nonprofit organization committed to providing memberships and programs that enhance the lives of people in the community. Our **Financial Assistance program helps us to reach those in need of financial support** so that they may benefit from all the Y has to offer, regardless of their ability to pay.

### Who is eligible?

Individuals and families who demonstrate need of financial assistance to help pay for programs or membership. The applicant must reside or work in the Summit Area YMCA service area that includes: Berkeley Heights, Gillette, Millburn/Short Hills, New Providence, Springfield, Stirling, and Summit. Applicant(s) must work 30 hours per week to qualify for full-time childcare programs.

### How is a financial assistance award determined?

The Y has a sliding fee scale based on total household gross income and the number of dependents, which is factored into determining the support amount.

### Is financial assistance available for all 4 branches of the Summit Area YMCA?

Yes. However, since subsidies are branch specific, financial assistance is not transferable and may vary by branch. For more information on multi-branch assistance, please contact each branch individually.

### How quickly can I expect to receive financial assistance?

Once you have submitted the financial assistance application and all required documentation to the branch where you would like to participate in Y programs or membership, the process may take between 2-4 weeks. A scholarship is official only once you have received written notification from the Y. Please Note: For childcare and camp program admission is

subject to availability.

### How long will the financial assistance continue?

The need for financial assistance is reassessed annually for memberships and programs. For school age programs and camp, the award is valid for program dates, i.e. school age September to June. For childcare programs, updates will be requested every 6 months. A lack of a timely response for a request for updated information may result in a termination of financial assistance. It is the applicant's responsibility to furnish updated financial information annually, at least 4-6 weeks before the award expires, so that the YMCA may re-evaluate the need for continued financial assistance.

### What is the responsibility of the scholarship recipient?

The YMCA expects the award recipient will make timely scheduled payments. It is also our hope that participants in our programs and membership will volunteer whenever possible. Since there is greater need for financial assistance in our community than we are able to fund, we ask to be notified if the recipient no longer needs our support or if the recipient is no longer able to use the services we provide.

### How are financial assistance awards/scholarships funded?

Each year, the YMCA raises funds through the ongoing work of volunteers and staff. Funds are gifts received through the generosity of individuals, corporations, grants, the Y's Endowment Fund, and the Annual Campaign. We require that all participants report any change in circumstances, such as a change in employment, wages, public assistance, etc. within 2 weeks of the change.



### DOCUMENTS REQUIRED FOR APPLICATION

We require verification of your income and residence before we can offer financial assistance. All information is confidential.

### CHOOSE FROM A OR B BELOW

#### GROUP A

Provide all of the following documents:

- A transcript from the IRS for the most recent year or a completed IRS Form 4506T-EZ.
- Most Recent Tax Return (1040 and W2).
- Last 4 paycheck stubs or last 4 unemployment stubs.
- Child support documentation.
- List of all income received from public assistance including assistance for housing, if applicable.
- Free or reduced lunch award letter, if applicable.

#### OR

#### GROUP B

One of the following documents:

- Current lease or property tax bill.
- Notarized letter from Landlord. Letter must state location of residence and monthly rental amount and include land lord's name, address, and phone number.(Landlord may be contacted).

#### AND

All of the following documents:

- Notarized letter from current employer stating hours, wages and including employers contact information. (Employer may be contacted).
- Child support documentation.
- List of all income received from public assistance including assistance for housing.

We reserve the right to verify your information with employers, landlords, agencies and references.