



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Applicant Name: _____

Date dropped off: _____

Staff Signature: _____

ALWAYS HERE, FOR OUR COMMUNITY

CUMBERLAND CAPE ATLANTIC YMCA Y CARES INITIATIVE

Our Mission:

We are a nonprofit charitable organization that is part of a worldwide association based on Christian principles, inclusive of all people, dedicated to fostering opportunities for all individuals, families and communities through programs that build healthy spirit, mind, and body for all.

Through our Y's initiative, we are able to reach out to those in need of financial support so that they may benefit from all the Y has to offer.

Application Process

Thank you for your interest in the Y Cares Financial Assistance program. We offer financial assistance to individuals and families who are not able to pay full fees for Y memberships and/or programs. To apply for financial assistance, please read the following instructions.

NEW Applicants - Required Supporting Documentation Checklist:

- Completed Financial Assistance application
- A written statement/letter explaining why you are applying for financial assistance at the CCA YMCA plus any pertinent information regarding your application
- Copy of 2 most recent months' pay stubs or letter from employer stating hours worked and pay received. If you are submitting a letter from your employer as proof of income, the letter must include the employer's name, address and phone number
- Proof of residency for everyone listed on application
- Copy of Federal Tax Returns (1040/1041) for the past year, including W-2 forms (will be requested annually)
- A letter from someone you know bearing witness to your need for financial assistance; such as a school counselor, clergy, employer, social worker, etc.
- Copy of any court ordered child support and/or alimony if applicable.
- Copy of Unemployment Insurance Benefits, Social Security, SSI, DDI, TANF, SNAP, etc. if applicable

RENEWAL Applicants – please provide the first **FOUR** items listed above (under "new applicants" to be considered for renewal)

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

***Please note** – if you are applying for childcare or camp, you must first contact Rutgers Southern Regional Childcare Resource and Referral offices at 856-462-6800. We must receive a denial letter from their office to proceed with assistance through the Y.



Primary Applicant: **New Application** **Renewal** **Date:** _____

Name _____ Birth Date _____ Gender _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone # _____

Email _____ Employer _____

Occupation _____ Length of Employment _____

Second Applicant

Name _____ Birth Date _____ Gender _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone # _____

Email _____ Employer _____

Occupation _____ Length of Employment _____

Spouse and Dependents Living at Home (Please complete)

Tax Forms must reflect those that are listed below. Dependents (age 23 and under) may include children, foster children, grandchild and other children for whom the adult is guardian.

Is yours a one-adult household? Yes No Not Applicable

| Name | Employer/School | Birth Date | Gender | Relationship |
|------|-----------------|------------|--------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

***Applicants may be asked to provide proof of residence for all household members**



Applicant Income and Expenses (Proof of all income is required)

| | |
|---|---|
| Applicant Name _____ | Monthly \$ _____ |
| Occupation _____ | Alimony \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month |
| Company Name _____ | Child Support \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month |
| Address _____ | Unemployment \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month |
| Phone Number _____ | Disability \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month |
| Years Employed _____ | Social Security \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month |
| Yearly Gross \$ _____ | Welfare \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month |
| Live With _____ | Food Stamps \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month (SNAP) |
| Mortgage/Rent \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month | Subsidies \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month (TANF) |

Other Income (Proof of all income is required)

| | |
|-------------------------|---|
| Second Adult Name _____ | Monthly \$ _____ |
| Occupation _____ | Alimony \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month |
| Company Name _____ | Child Support \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month |
| Address _____ | Unemployment \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month |
| Phone Number _____ | Disability \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month |
| Years Employed _____ | Social Security \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month |
| Yearly Gross \$ _____ | Welfare \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month |
| | Food Stamps \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month (SNAP) |
| | Subsidies \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month (TANF) |



I am applying for financial assistance for the following areas

| Membership | Programs |
|--|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Swim Lessons |
| <input type="checkbox"/> 1 Parent Family | <input type="checkbox"/> Youth Sports |
| <input type="checkbox"/> Senior Adult | <input type="checkbox"/> Camp |
| <input type="checkbox"/> Adult | <input type="checkbox"/> School Age Child Care |
| <input type="checkbox"/> Young Adult | <input type="checkbox"/> Swim Team |
| <input type="checkbox"/> Teen/Youth | <input type="checkbox"/> All of the above |

In order to assist as many families as possible, we potentially assist with membership payments with a subsidy of between 20%-70%. Please share any other circumstances that may help us understand your situation.

I am requesting assistance from the Y and I certify that all information submitted above is complete and accurate. I understand and acknowledge that as a participant in the YMCA Financial Assistance Program, I will be expected to provide proof of income every **6 months**, or at the start of a new program session. If I do not verify information every **6 months**, or at the start of a new program session, as requested, my rate will be subject to increase to the published rate that does not require income verification. I understand that I must provide the appropriate paperwork requested or I will not be considered for assistance. If my situation changes, I agree to notify the Y. If I submit false or inaccurate information or fail to notify the Y of a change within 30 days, I may be terminated from the YMCA Financial Assistance Program.

Signature of applicant _____

Date _____



Commonly Asked Questions

What is YMCA Financial Assistance?

The Cumberland Cape Atlantic YMCA believes in providing membership and program services to all who desire to participate. The Y's financial assistance program, supported in part by the Annual Giving Campaign, uses all available resources to provide support to those who have financial need and qualify for assistance.

Who is eligible to receive financial assistance?

Anyone may apply for financial assistance. Approval of the application is made on an individual basis. The Y uses a sliding-fee scale guideline based on total household income and number of dependents.

Is it possible to join the YMCA for free?

The Y 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.

If I receive financial assistance, what is expected of me?

Upon approval of financial assistance, a Y staff member will review the conditions of the scholarship with you. Those conditions will include the length of the scholarship, the expectation that you take full advantage of the assistance by using the membership or service regularly, as well as a commitment to make payments on time.

How will the financial assistance amount be determined, and how quickly can I expect to receive financial assistance?

Assistance is determined on an individual basis using a sliding-fee scale guideline to assist in designating the amount of assistance. Once the financial assistance application and required documents have been submitted to the designated staff members, the Y will contact you within two weeks to review the outcome of your application.

How long will the financial assistance continue?

The need for financial assistance will be reassessed **every six months** for memberships and programs. Please note: financial assistance for membership begins the date member comes in to activate the membership. **It is the applicant's responsibility to re-apply prior to end date.**

How are scholarships funded?

The Y raises money through the ongoing work of volunteers and staff. Funds are available as a result of gifts received from individuals, corporations, foundations and through the Annual Support Campaign.

What if I don't have the appropriate (or all) of the information?

You may speak with our Y Cares Coordinator or Member Service Director to discuss possible alternative forms which may be acceptable.

What if I want to add someone on my membership, after I am approved?

If that member is an adult, the application would need to be re-processed to include the additional income.

What if I don't agree with my approval amount?

If you should disagree with the amount of assistance you are approved for, your first step would be to contact the Y Cares Representative and explain your situation. If necessary, you may be asked to explain, in writing, to our Member Service Director why you are not able to accept the approval amount.



Y Cares Initiative Authorization and Request for Records

Office: _____

Contact Name: _____ Date: _____

Phone: _____ Fax: _____

I hereby request and authorize you to furnish the Cumberland Cape Atlantic YMCA (CCA YMCA) or its representative, any and all information you have with regard to my finances or my need for financial assistance. Please also provide the Cumberland Cape Atlantic YMCA copies of any document and/or records, along with any other requested information.

I understand I have the right to confidentiality and this information will be discussed only with respect to my eligibility for services requested. This information will remain a part of my financial assistance file at the Cumberland Cape Atlantic YMCA.

Applicant Signature: _____

Witness: _____

Date: _____