

Cumberland Cape Atlantic YMCA

Y Cares Financial Assistance Application



Staff Initials:

THE Y IS HERE FOR YOU!

The Cumberland Cape Atlantic YMCA is a nonprofit charitable association, dedicated to building healthy spirit, mind and body. We are committed to being a positive part of family life by promoting values of caring, honesty, respect and responsibility.

Y Cares Initiative is made possible through the generosity of our members and donors provided by the YMCA Annual Giving Campaign: Strengthening Communities.

First Name _____

Last Name _____

Member ID _____

General Guidelines:

- Any outstanding balances must be paid in full before Financial Assistance will be granted.
- All Financial Assistance grants will be documented for reporting purposes.
- Your application will not be processed and will be returned to you if any information is missing or incomplete.
- Please allow 2-4 weeks to process your application.
- All financial assistance information is handled in a confidential manner and will only be seen by reviewing YMCA staff.
- **Please note:** If you are applying for childcare or camp, you must first apply with Rutgers Southern Regional Childcare Resource and Referral offices. A denial letter from their office is needed to proceed with assistance through the YMCA.

Date Received:

NEW Applicants—Please provide the following required information to process your application:

- Completed Financial Assistance Application
- Written letter of need explaining **why** you are applying for Y Cares financial assistance, including any circumstances that will help us understand your situation
- Copies of last two pay stubs for **ALL** working applicants. If you have no verifiable income, please attach a statement explaining how you support yourself. **Please note any applications with no statement explaining your circumstances will not be processed.**
- Valid Photo Identification and proof of residency for everyone listed on the application
- Page 1 (Front and Back) of your 1040 Tax form for the most recent year (showing dependent children)
- Written letter from someone bearing witness to your need for financial assistance.
- Proof of other sources of income, if applicable. (Ex: Unemployment Benefits, TANF, SNAP, Worker’s Comp, Child Support, Alimony, Social Security, SSI, etc.)

Expiration Date:

RENEWAL Applicants—Please provide the following required information:

- Completed Financial Assistance Application
- Written letter of need explaining **why** you are reapplying for Y Cares financial assistance, including how the Y has impacted you during your last Y Cares term
- Copies of last two pay stubs for **ALL** working applicants. If you have no verifiable income, please attach a statement explaining how you support yourself. **Please note any applications with no statement explaining your circumstances will not be processed.**
- Valid Photo Identification and proof of residency for everyone listed on the application
- Proof of other sources of income, if applicable. (Ex: Unemployment Benefits, TANF, SNAP, Worker’s Comp, Child Support, Alimony, Social Security, SSI, etc.)

Please check the boxes for the type of assistance you are requesting:

Membership:	Program:	<input type="checkbox"/> School Aged Child Care
<input type="checkbox"/> Family	<input type="checkbox"/> Swimming Lessons	School Site: _____
<input type="checkbox"/> One Parent Family	<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Before
<input type="checkbox"/> Senior Adult	<input type="checkbox"/> Camp	<input type="checkbox"/> After
<input type="checkbox"/> Adult	<input type="checkbox"/> Swim Team	<input type="checkbox"/> Both
<input type="checkbox"/> Young Adult	<input type="checkbox"/> All of the Above	
<input type="checkbox"/> Teen/Youth		

Staff Use Only

I certify that all information submitted above is complete and accurate. I agree that if the above information is false or inaccurate that my membership may be terminated. I understand and acknowledge that as a participant of the Y Cares Financial Assistance program I must reapply and supply new financial information every **6 months**. I understand that if I do not supply the required information that my application will not be processed. I agree to notify the YMCA if there are any changes to my information within 30 days.

Applicant Signature _____

Date _____

Primary Applicant Information:

Name: _____ Date of Birth: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Employer: _____ Occupation: _____

Length of Employment: _____

How many adults live in your household? _____ How many children? _____

Are you a current YMCA member? _____

Name (First and Last)	Birthdate	Employer/ School	Income (If Applicable)	Gender	Relationship

Gross Monthly Income (Before Taxes)		Monthly Expenses	
Wage/Salary (Self)	\$	Rent/Mortgage	\$
Wage/Salary (Additional Adult)	\$	Groceries	\$
Social Security/Disability	\$	Phone	\$
Food Stamps (SNAP)	\$	Utilities	\$
Unemployment	\$	Car/Transportation	\$
Child Support/Alimony	\$	Medical	\$
Pension/Retirement	\$	Other	\$
Other (TANF, Welfare, etc.)	\$	Other	\$
TOTAL INCOME		TOTAL EXPENSES	