



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

## Let Us Help!

Thank you for your interest in YMCA financial assistance. It is our mission to assist individuals who might otherwise not be able to afford our programs and services. We are pleased to be able to offer this assistance to you through funds allocated from donations received from our Annual Campaign.

It is our hope to provide services for any person who desires to participate in YMCA programs and membership, regardless of their ability to pay the standard fees. Assistance will be granted on the basis of financial need. We evaluate financial need based on a review of the applicant's income, expenses, and any extenuating circumstances. All financial and personal information provided in the application will be kept in strict confidence.

The YMCA has the ability to deny assistance based on insufficient verification or sufficient income. Submission of false documents may also be cause for denial of benefits.

Once your completed application is received it takes at least 4 weeks to process and review. If you are applying for assistance for a specific program we recommend that you apply at least 30 days prior to the start of program.

Certain items are mandatory and without them your application will be considered incomplete until they are submitted.

## The YMCA Staff

Community YMCA  
333 Route 202  
Somers NY 10589  
914.276.2398

Camp Combe YMCA  
684 Peekskill Hollow Rd  
Putnam Valley NY 10579  
845.526.0808

White Plains Family YMCA  
250 Mamaroneck Ave  
White Plains NY 10605  
914.949.8030

[www.ymca-cnw.org](http://www.ymca-cnw.org)

### **-Additional Services-**

In order to meet the needs of all those who apply, if you do not currently receive additional benefits we request that you also apply for these services as they apply to your situation.

These services including but not limited to:

DSS; Title XX; Food Stamps; HUB or Section 8; SSI, Medicaid or Medicare

### **-How to Apply-**

1. Complete the attached Financial Assistance application. This application is at our website [www.ymca-cnw.org](http://www.ymca-cnw.org) or at our Y branches.
2. Registration/membership paperwork for the program/service you are requesting assistance for.
3. A copy of your most recent Income Tax Return (IRS form 1040) with copies of all supporting W-2 forms.
4. Monthly bills for three previous months (Housing, phone, utility etc.) to serve as backup to your claim of inability to pay full fees
5. Any additional extenuating factors with backup paperwork (Doctors notes/bills etc.)

#### **If You Are Currently Employed**

At least four weeks of current wage stubs or 8 weeks if your pay varies from week to week. If no wage stub is available, salary verification from employer.

#### **If You Are Self-Employed**

You must submit your latest business & personal Income Tax return.

#### **If You Are A Student**

Copy of your latest Financial Aid form.

Current Year-To-Date earnings from work study and place of employment.

#### **If You Receive Assistance (DSS, NYS OCFS Funds, Title XX, Food Stamps, HUB or Section 8, SSI, Medicaid or Medicare)**

Copy of award letter.

#### **If You Receive Unemployment, Social Security, Workmans Compensation or Disability**

State Documentation.

Current monthly pay stub.

Provide name and phone number of the employer that are you Unemployed, receiving Workman's Compensation or Disabled from.

#### **If You Receive Child Support**

Child Support Enforcement Statement

### **- Once Approved -**

Your approval letter will be emailed to the address provided and/or your home address.

To begin your assistance benefit, you will be required to bring your Approval Letter to the appropriate branch representative.

Your Assistance Benefit will run for the program session as indicated on the award letter. If during that time your situation changes you will need to notify us of your new circumstances so we may reevaluate your benefit.

# YMCA of Central & Northern Westchester

## -Financial Assistance Application-

It is essential that this form be completed in full and to the best of your

knowledge. All the information contained herein is confidential between the applicant and the YMCA.

Branch Name	
Date Received	
Front Desk Initials	
All Documents Attached	Y or N

Participant's Name: \_\_\_\_\_

My application is for the following program(s): \_\_\_\_\_

My Application is:       New       Renewal

### Applicant or Parent/Guardian

Name			Male	or	Female
Address					
City/Zip					
Cell Phone		Alternate Phone:			

### Spouse or Partner

Name			Male	or	Female
Address					
City/Zip					
Cell Phone		Alternate Phone:			

Marital Status:       Single       Married       Divorced       Widowed       Domestic Partnership

### Household Information

	Name (First & Last)	Age	Gender	Relationship to Applicant
Self				
Spouse/Partner				
Child/Other				
Child/Other				
Child/Other				

### EMPLOYMENT

Are you currently employed?	How long at current job?
Company Name:	Work Phone:
Company Address:	
Is your spouse/partner currently employed?	How long at current job?
Company Name:	Work Phone:
Company Address:	

### Monthly Income & Expenses

	Income	Expenses	\$
Wages, Tips, Salaries	\$	Housing (Rent/Mortgage)	\$
Spouse Wages, Tips, Salaries	\$	Gas/Electric/Oil	\$
Unemployment	\$	Cable/Phone/Internet	\$
SS, Retirement, Pension	\$	Car Payment/Insurance	\$
Worker's Comp	\$	Food	\$
Disability	\$	Clothing	\$
DSS Title XX or other aid	\$	Student Loans	\$
Food stamps	\$	Child Support	\$
HUB or Section 8	\$	Child Care	\$
SSI, Medicaid or Medicare	\$		\$
Child Support	\$		\$
Other Income	\$	Other Expenses	\$
<b>Total Monthly Income</b>	<b>\$</b>	<b>Total Monthly Expenses</b>	<b>\$</b>

Cost of Program: \$ \_\_\_\_\_

Amount of fees I am able to pay: \$ \_\_\_\_\_

I am requesting financial assistance in the amount of: \$ \_\_\_\_\_

Please share why you are applying for financial assistance:

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### Volunteering

Volunteers are an essential part of the YMCA. Without the help of volunteers we would not be able to offer the range of quality programs that are available today. We would appreciate any time you would be willing to give of yourself in volunteering for a program or activity. This has no bearing on your approval of assistance.

### Ethnicity

Applicants are not required to answer, gathered for tracking purposes only. If you choose, answer below.

Caucasian  Latino/Hispanic  African American  Asian/Pacific Islander  Native American  Other

### Verification of Information

*I attest that all the information on this Financial Assistance form is truthful and accurate, and that all income is reported. I understand that false information or deception on my part would result in denial of assistance. I also understand that should my financial situation change, that I would notify the YMCA Branch.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

OFFICE USE ONLY		
Verification of income with:	on:	Total yearly gross:
Verification of income with:	on:	Household total:
Scholarship granted:	% Off Membership	% Off Program