



## Greater Waterbury YMCA Financial Assistance Application

FOR YMCA OFFICE  
USE ONLY

Date received: \_\_\_\_\_

Time received: \_\_\_\_\_

Received by: \_\_\_\_\_

It is the goal of the Waterbury YMCA to provide services to any person who desires to participate in the activities and programs of the YMCA, regardless of their ability to pay the standard membership or program fees. Those not able to pay the full fee may be awarded assistance based on a sliding scale and demonstrated need. **Financial Aid forms will not be processed unless they are filled out completely.**

### Eligibility:

Assistance may be granted on the basis of financial need. The household income guidelines used by the YMCA will be used as initial eligibility criteria.

*All applicants applying for financial assistance for childcare services must first apply for assistance from the Child Care Assistance Program – Care 4 Kids and provide verification of eligibility prior to applying for YMCA assistance.*

*Applicants applying for financial assistance for day camp must also apply for assistance from the Child Care Assistance Program – Care 4 Kids and provide verification of eligibility to the YMCA. Applicants are encouraged to apply for a United Way Campership – available at the YMCA and United Way office at 60 North Main Street in Waterbury .*

The YMCA believes a strong sense of ownership and pride is developed if the financial aid recipient contributes to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the membership or program fees.

Financial assistance will be reviewed for eligibility for each membership or program period.

### How to apply:

Applicant must fill out all standard YMCA membership or program forms.

Applicants must provide **copies** of their Federal and State tax returns, 3 current payroll stubs and verification of all taxable and non-taxable income. Income includes but is not limited to payroll, alimony, retirement, social security, SSI, food stamps, DSS awards and child support. If you reside in a one adult household or have an absent parent, and have children you **must** provide written verification as to the status of your child support.

**\*\* Incomplete applications will not be processed.\*\***

**The YMCA is not responsible for returning original documents.**

Your **completed** application will be reviewed in approximately 3-4 weeks and you will be notified by mail of any award and payment terms.

The YMCA reserves the right to refuse or rescind assistance to any applicant at any time.

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Gender:  Male  Female                      Head of Household:  Male  Female

Race:  White  Black  Hispanic  Asian or Pacific Islander  
 Amer. Indian or Alaskan Native  Other \_\_\_\_\_

Parent or Guardian (if under 18): \_\_\_\_\_

Address if different from above: \_\_\_\_\_

**Household Residents:**

Name: \_\_\_\_\_ Relationship Applicant Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Age: \_\_\_\_\_

**Marital Status:**

Married \_\_ Single \_\_ Divorced \_\_ Separated \_\_

Number of adults living in your residence (friend, parents, etc.) \_\_\_\_\_

**Employment:**

Are you or is anyone in your household employed? \_\_\_\_\_ If yes, you **must** furnish information for ALL people in your household.

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Students:**

Are you presently enrolled in school? \_\_\_\_\_

Name of school \_\_\_\_\_

Full time \_\_\_\_ Part time \_\_\_\_ Are you receiving financial aid? Yes \_\_\_\_ No \_\_\_\_

**Sources of income: Amount of household income (copies of written verification required)**

- Employment \$ \_\_\_\_\_  weekly  bi-weekly  monthly
- State Assistance \$ \_\_\_\_\_
- Federal Assistance \$ \_\_\_\_\_
- Food Stamps \$ \_\_\_\_\_
- Workers Compensation \$ \_\_\_\_\_
- \*Child Support \$ \_\_\_\_\_  weekly  bi-weekly  monthly
- Disability \$ \_\_\_\_\_
- Other (specify) Type \$ \_\_\_\_\_  weekly  bi-weekly  monthly

\* If you reside in a household and have children and there is an absent parent you must provide written verification as to the status of your child support. This written verification must be provided by a state agency. (ie; DSS, Child Support Enforcement)

Are you currently a member of the Waterbury YMCA  Yes  No

If yes, please enter your expiration date \_\_\_\_\_

**Type of membership or program for which assistance is required** \_\_\_\_\_  
(ie; adult membership, single parent family, swim lessons, childcare, etc.)

In completing this application and signing it, I certify that the information supplied is true, accurate and complete to the best of my knowledge. I realize that if any of the information is falsified, the assistance will be terminated immediately.

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

***Incomplete applications will be disposed of.***

**YMCA USE ONLY**

Interview conducted by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Amount of assistance granted \_\_\_\_\_ Program \_\_\_\_\_

*We build strong kids, strong families, strong communities.*