



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of MONTCLAIR

APPLICATION FORM FOR FINANCIAL ASSISTANCE 2018

The YMCA of Montclair provides financial assistance to families within the following service area towns: Montclair, Glen Ridge, Cedar Grove, Verona, Bloomfield and Clifton.

Financial assistance is available to help us ensure that everyone, regardless of age, income, or background, has the opportunity to benefit from the Y membership and programs. Families located outside our YMCA service area should contact their local YMCA for scholarship assistance information.

INSTRUCTIONS:

- *Please complete this application thoroughly and accurately.*
- *A copy of last year's 1040 Income Tax return, W-2 Form and two current pay stubs must be attached.*
- *If you are requesting funds for a child(ren), he/she must be listed as a dependent on your income tax return.*
- *Proof of residency in one of the towns listed above must be provided.*
- *If currently unemployed or receiving assistance, please provide documentation and proof of monthly amount received.*
- *Incomplete forms will not be processed.*

Please note:

Completed requests will be processed as quickly as possible – please keep in mind that due to current economic difficulties, the number of requests for assistance has increased significantly. The YMCA of Montclair is a charitable not for profit and funds for this financial assistance program are raised through donations.

Check off Paperwork Attached:

- Completed Application (both sides)
- Proof of Income Attached (pay stubs, unemployment, SSI, etc.)
- Proof of Residency Attached
- Income Tax attached (child's name must appear as dependent)
- Written letter supporting request for assistance (optional)
- Signature and Date on Application

RETURN ATTACHED FORMS TO: YMCA of Montclair, 25 Park Street, Montclair, NJ 07042
Attention: Dawn McFadden or Email: dmcfadden@montclairymca.org

Keep this page for your records!



YMCA of MONTCLAIR

YMCA Office Use:
Family Name:
Date Received:

APPLICATION FORM FOR FINANCIAL ASSISTANCE 2018
PARK STREET BRANCH • MEMBERSHIP / PROGRAMS

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Proof of residency in one of the towns listed above must be provided.
Incomplete forms will not be processed. (Please see cover page for additional information)

Section I: MEMBERSHIP / PROGRAM INFORMATION

Participant's Name: Age: Date of Birth

Type of Membership Requested:

Program Requested: Date Needed:

Has individual attended the YMCA before? If so, when

Additional family members needing assistance:

- Name: Age: Date of Birth Program Requested:
Name: Age: Date of Birth Program Requested:
Name: Age: Date of Birth Program Requested:

Section II: FAMILY BACKGROUND INFORMATION

Head of Household:

Address: Street Town State Zip

Home Phone: Business Phone: Cell Phone:

Employment Status (Current): unemployed part-time employed full-time employed

Place of Employment: Position:

Spouse's Name: Marital Status:

Spouse's Place of Employment: Position:

Spouse's Employment Status: unemployed part-time employed full-time employed

Section III: FINANCIAL INFORMATION (Must be completed)

Total annual income last year from all sources: \$ _____

(A copy of last year's 1040 Income Tax Return, W-2 form and two current pay stubs verifying income and residency must be attached).

Total annual income anticipated this year from all sources: \$ _____

MONTHLY INCOME / EXPENSE WORKSHEET: Applications will be processed only after all information is submitted and the application is complete. Please indicate the income and expenses for the household.

Income: Monthly Amounts Only

\$ _____ Gross Monthly Income

\$ _____ Child Support

\$ _____ Alimony

\$ _____ Welfare (*submit copy of letter*)

\$ _____ Food Stamps

\$ _____ Unemployment

\$ _____ Social Security or Disability

\$ _____ Other (*please explain*)

\$ _____ **TOTAL MONTHLY INCOME**

Expenses: Monthly Amounts Only

\$ _____ Rent / Mortgage (circle one)

\$ _____ Auto Payments

\$ _____ Utilities / Phone

\$ _____ Groceries / Food

\$ _____ Child Support

\$ _____ Medical

\$ _____ Child Care

\$ _____ Alimony

\$ _____ Other (*please explain*)

\$ _____ **TOTAL MONTHLY EXPENSES**

Please attach a copy of any Custody Agreements or Financial Arrangements (if applicable).

Financial contribution you can make towards your YMCA expenses \$ _____ monthly

Attach with this application a written statement including reasons for wanting to participate in the YMCA (such as medical need) or unusual financial circumstances not included in this application. This is optional but will assist those reviewing your application to better understand your need.

I certify that the information provided on this application is complete and true to the best of my knowledge. I understand that incomplete applications cannot be processed. Sections I, II and III are complete.

Signature

Date

RETURN ALL FORMS TO: YMCA of Montclair, 25 Park Street, Montclair, NJ 07042
Attention: Dawn McFadden or email to: dmcfadden@montclairymca.org

FOR OFFICE USE ONLY:

Date Received: _____ Application Completed: _____ yes _____ no

Review: _____ Scholarship Approved: _____ Dates _____

Type of Membership/Program: _____

Total Amount Awarded: _____ Balance Due: _____