



YMCA of MONTCLAIR

YMCA Office Use:
Family Name: _____
Date Received: _____

APPLICATION FORM FOR FINANCIAL ASSISTANCE 2018 GEYER FAMILY BRANCH • MEMBERSHIP / PROGRAMS

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

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. 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

Parent / Guardian 1: _____

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: _____

Parent / Guardian 2: _____ Marital Status: _____

Place of Employment: _____ Position: _____

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 child's YMCA program expenses \$ _____

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: _____