

How to Use This Form

1. Complete the Somerset Valley YMCA Financial Assistance Application on the reverse side of this brochure.
2. Submit copies of the following documents with the application:
 - Most recent 1040 Federal tax return
 - Two most recent pay stubs and/or proof of public assistance
 - Social Security or Disability determination letter
 - Letter stating why participating in YMCA activities would benefit you
3. Return all of the above materials (including this form) to:

Hillsborough Family YMCA
19 East Mountain Road
Hillsborough, NJ 08844
Attn: Financial Assistance Committee

What Happens Next

1. Processing of your application and forms usually takes about 30 days.
2. The YMCA will send you a letter to verify that your application has been approved.
3. Bring the verification letter with you whenever you sign up for a YMCA membership or program.
4. Assistance is granted for a maximum of one year, at which time you may complete another application.

Child Development, Camp and Before and After School Programs

For assistance in these programs, you must first apply to NJ Division of Family Development and then present the YMCA with a letter of determination.

If you are approved for assistance and there are excess fees, you may apply to the YMCA for a reduction in those fees, but not for your co-pay.

To learn more about state subsidies, call the Child Care Helpline at: 1-800-332-9227 or contact your county's Child Care Resource & Referral (CCR&R) Agency (formerly United Child Care Agency).

Somerset Valley YMCA Financial Assistance Policy Summary

The Somerset Valley YMCA is a not-for-profit community organization committed to helping people reach their full potential in spirit, mind and body, serving people of all ages, backgrounds, abilities and incomes. As a community organization, the YMCA believes that its services should be available to everyone. That is why the Somerset Valley YMCA offers a financial assistance program.

Through the YMCA's financial assistance program, help is available to families, children and seniors in need. Participants are expected to pay their fair share. The YMCA will assist individuals or families that want to participate but cannot afford the fee, to the extent that funds are available.

The funds available for financial assistance are made possible through the generosity of individuals, local businesses and foundations participating in the YMCA annual campaign, as well as the support of the United Way. We invite all members and program participants to help support our financial assistance program. Contributions are tax-deductible and every gift makes a difference. Thank you for your support!

Somerset Valley YMCA

Somerville Family YMCA

2 Green Street, Somerville, NJ 08876
(908) 722-4567

Hillsborough Family YMCA

19 East Mountain Road, Hillsborough, NJ 08844
(908) 369-0490

Bridgewater Family YMCA

601 Garretson Road, Bridgewater, NJ 08807
(908) 526-0688



DD 708



Partnering for a Healthy Community

**Everyone
is
Welcome.**

Y Cares
**Financial
Assistance
Program**

Somerset Valley YMCA
Partnering for a Healthy Community



Financial Assistance Application

Application must be filled out completely.

Please print clearly and include required paperwork listed on the reverse side of this form.

Applicant Information

Last Name:	First Name:	Home Telephone:
Address:		E-mail:
City:	State:	Zip Code:
Employer:		Business Telephone:
Spouse Employer:		Business Telephone:

Dependents Living in Household (List all children and adults living in your household)

Name:	Date of Birth:	Employed (Yes or No):
1.		
2.		
3.		
4.		

Monthly Household Income:

Household Wages:		I am interested in sharing my story (circle one) Yes No	The Somerset Valley YMCA is a leading non-profit human service organization lead by volunteers. Help make your community a better place through the YMCA. By giving your time, you join many others who have helped the YMCA to address our community's evolving needs. I am interested in volunteering (circle one) Yes No
Alimony:			
Child Support:			
Public Assistance:			
All Other Income:			
Total Monthly Income:			

Membership or Program Information

Please check one of the following: _____ First time application _____ Renewal application _____ Off-site _____ Somerville _____ Hillsborough _____ Bridgewater

Please indicate for what type of membership or program you are seeking assistance:

Why do you want to participate as a YMCA member or program participant:

List special circumstances that you feel should be taken into consideration during review of this application:

I feel I am able to pay \$_____ toward the cost of the program/membership per month.

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or dependent status. I understand that false or incomplete information could jeopardize my financial assistance.

Signature of applicant: _____ Date: _____