

## How to Use This Form

1. Complete the Hunterdon County 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 (complete) including all attachments.
  - One month worth of pay stubs and/or proof of public assistance from all members of the household.
  - Most recent W2 form from all employers
  - Letter stating why participating in YMCA activities would benefit you
3. Return all of the above materials (including this form) to:

Hunterdon County YMCA  
Attn: Financial Assistance Program  
144 W. Woodschurch Road  
Flemington, NJ 08822

## What Happens Next

1. Processing of your application and forms usually takes about 30 days.
2. The YMCA will send you a determination letter to inform you of your level of assistance.
3. Bring the determination letter with you when signing up for a YMCA membership (and programs)
4. Assistance is granted for six months, at which time you must complete another application and submit copies of all relevant information to receive continued assistance.



**United Way**  
Member Agency

## Our Mission

The YMCA of Hunterdon County is committed to helping people grow in spirit, mind and body. We are a community service organization founded upon Christian values, which today embraces all faiths, serving individuals regardless of age, race, or economic means. The YMCA is guided by our core principles of caring, honesty, respect, and responsibility.

## YMCA Financial Assistance

Thanks to our Strong Kids Campaign, financial assistance is provided on a need basis to individuals, kids, and families who wish to become members of the YMCA and participate in programs.

The YMCA uses a sliding-fee scale guideline based on total household income and total number of people living in the household.

The YMCA believes that a sense of ownership and pride is developed when a member contributes to the cost of their YMCA involvement. Therefore, all applicants will be asked to pay a portion of the fee for the requested service.

## Day Care, Camp and Before and After School Programs

For assistance with these programs, you must apply for child care assistance programs through the NORWESCAP agency and present the YMCA with a letter of determination.

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

Visit NORWESCAP at [www.norwescap.org](http://www.norwescap.org) or you may call 908-454-7000 for information.



## Hunterdon County YMCA Financial Assistance Application

# The YMCA is for *Everyone*

Deer Path Branch—908-782-1030  
Round Valley Branch - 908-236-0055  
[info@hcymca.com](mailto:info@hcymca.com)

# Financial Assistance Application

Application must be filled out completely.

Please print clearly and include all required paperwork listed on the reverse side of this application

Last Name:	First Name:	Home Telephone:
Address:		Apt #:
City:	State:	ZIP Code:
Employer:		Business Telephone:
Spouse Last Name:	Spouse First Name	
Spouse Employer:		Business Telephone:

List all Children and Others Living at This Address				
Name	Date of Birth	Relationship to Applicant	Employed (YES or NO)	Dependent (YES or NO)
1.				
2.				
3.				
4.				

Monthly Household Gross Income – complete chart in full, if any lines are \$0 or not applicable, indicate with \$0 or n/a	
Household Gross Wages:	<b>See #2 on reverse for required documentation</b>
Alimony:	
Child Support:	
Public Assistance:	
All Other Income:	
<b>Total Monthly Income:</b>	

Membership or Program Information	
Please check one of the following: <input type="checkbox"/> First time application <input type="checkbox"/> Renewal application	<input type="checkbox"/> Yes, I am interested in volunteering in the following area(s):
Please indicate for what type of membership (and program) you are seeking assistance:	
Why do you want to participate as a YMCA member?	
List special circumstances that you feel should be taken into consideration during review of this application:	
Do you live with anyone not listed on this application? <span style="margin-left: 100px;">If so, who and what is their relationship to you?</span>	

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: