

## 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
  - Two most recent pay stubs and/or proof of public assistance
  - 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 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 six months, at which time you may complete another application.

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

For assistance in these programs, you must first apply to NORWESCAP directly and then present the YMCA with a letter of determination from NORWESCAP.

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 Policy

The Hunterdon County 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 Hunterdon County YMCA offers a financial assistance program.

Through the YMCA's financial assistance program, help is available to families, children and seniors in need. While participants are expected to pay their fair share, when financial assistance funding is available the YMCA will assist any individual or family that wants to participate but cannot afford the fee.



The funds available for financial assistance are made possible through the generosity of individuals, local businesses, foundations and the United Way giving to the YMCA annual campaign. 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!**



Hunterdon County YMCA  
We build strong kids,  
strong families, strong communities.

The  
YMCA  
is for  
*everyone*

Financial  
Assistance  
Program

YMCA

# Financial Assistance Application

Application must be filled out completely.  
Please print clearly and include all required paperwork listed on the reverse side of this form.

## Applicant Information

Last Name:	First Name:	Home Telephone:
Address:		Apt #:
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:	[Hatched Area]
	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 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: