HERE FOR ALL OF US: Confidential Application for Financial Assistance

PLEASE PRINT CLEARLY FINANCIAL INFORMATION $\sqrt{\ }$ APPLICATION CHECKLIST Name of person completing application if different than Total **annual** household income last year from all sources: \$ MONTHLY INCOME MONTHLY EXPENSES Wages, Salaries, Tips: Rent/Mortgage: **APPLICANT INFORMATION Unemployment Compensation:** Utilities: Social Security Compensation: Food: 401K/Retirement: Name: _____ Car Insurance: Child Support: Car Payment: Street Address: Photocopies only Food Stamps: Welfare: City, State, Zip: Support from Charities: employment TOTAL MONTHLY EXPENSES \$ State Subsidized Funding: ■ Two most recent pay stubs Phone (home): () Alimony: ☐ Last year's W-2 Other : \$_____: Phone (work): ()______ TOTAL MONTHLY INCOME \$ ages 26 and older Does any household member receive financial assistance? ____ If yes, from where? _____ How much? \$____ ☐ Mail to: Phone (cell): () WESTFIELD AREA Y Do you receive unemployment? Yes No If yes, how much do you receive? How long have you been 220 Clark Street Email: unemployed? Are you actively looking for work? Westfield, NJ 07090 **ABOUT YOUR REQUEST √ PLEASE NOTE** Is your request for a program or membership? _____ If a program, which one? _____ Note: If you are applying for assistance for any child care program including camp, approval of financial assistance does not guarantee Date of Birth: _____ Ethnicity: ____ you a spot in the program. You must register for the program separately. Marital Status: Have you previously applied for financial assistance at this Y? Yes No List all people, including self, living in the household: If yes, when and what did you receive? Assistance Relationship Needed Tell us why you are applying for financial assistance (This is required information — attach additional sheet as necessary): so may the fees. (Yes/No) Name To applicant support, etc.). **FOR OFFICE USE** ☐ Camp ☐ Child Care ☐ Program ☐ Membership Comments/Restrictions: Applicant Signature Recipient: _______% Scholarship: ______% Reviewed By: _____ Approved by CEO: _____ Scholarship Received:

Completed application and all requested documents must be enclosed for a financial assistance request to be considered.

- ☐ Completed financial assistance application
- ☐ Entire copy of most recent Federal Income Tax Form. Include copies for all individuals contributing to household income.
- Letter from current employer verifying
- ☐ Proof of residency for all household members

Attn: Susan Morton, Financial Assistance

If financial assistance is awarded, it is usually for a percentage of the total cost of the program and/or membership. You will be responsible for the payment of the remaining portion of the fees. When Y program, membership and/or child care rates change,

If other documentation is needed, you will be notified (social security, divorce, child

I verify that the information on this application is complete and true to the best of my knowledge. I hereby authorize the Westfield Area Y to investigate all aspects of the information contained in this application.

Date



The Westfield Area Y is a member agency

FREQUENTLY ASKED QUESTIONS

Who is eligible to receive financial assistance? Individuals or families who:

- cannot pay full program or membership fees and meet specific financial guidelines
- live or work in the Westfield Area Y service area of Cranford, Garwood, Mountainside or Westfield
- have proof of legal residency or U.S. citizenship

How are financial assistance amounts determined?

The Y has a sliding fee scale based on total household income and number of dependents. Extenuating hardships are also taken into consideration.

When can I expect to receive financial assistance?

The process may take 2-4 weeks after we have received your completed application and the required documents. Please note that financial assistance is not official until you have received e-mail notification from the Y, and must be approved prior to enrolling in child care and camp programs.

How long will my financial assistance continue?

The need for financial assistance will be reassessed in 6–12 months for both memberships and programs. Assistance for child care applies only to the current school year. Recipients are responsible for reapplying a minimum of one month prior to expiration so there is no break in membership. No reminders will be sent. Repeat applications may result in a smaller amount of financial assistance offered.

What are my responsibilities as a recipient?

You are required to make payments according to your payment schedule. If payment is not received, your assistance may be cancelled. Please notify the Y immediately if you no longer need our support or are unable to use the services we provide as there are others in the community in need and our funds are limited.



How is the financial assistance program funded?

The Y raises money through the ongoing work of volunteers and staff and thanks to the generosity of individuals, foundations, service clubs and corporations through the Strong Kids+ Annual Support Campaign. Additionally, contributions from the Westfield United Fund and earnings from the Westfield Area Y Endowment Fund help subsidize child care, youth, teen and senior programs.

How do I get more information?

Call Susan Morton at 908-301-YMCA (9622) x228.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL DESPONSIBILITY



HERE FOR ALL OF US

Financial Assistance Application Westfield Area YMCA

Strengthening the communities of Westfield, Cranford, Garwood and Mountainside since 1923.



Dear Friend,

At the Westfield Area Y, you can improve your health, enrich your family's life, and feel more connected to the community.

Each year, hundreds of volunteers raise funds for our financial assistance program. This program ensures that no one is denied a chance to participate at the Y because of their inability to pay.

Our goal is to help as many people in need as possible. As such, each request for financial assistance is evaluated individually, and financial assistance cannot be provided for extended periods of time. If you are in need of assistance for long-term services, I encourage you to contact the Department of Social Services.

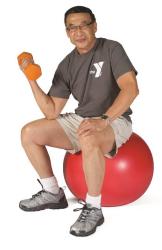
All applications are kept confidential. We will contact you within 2-4 weeks of receiving your completed application and support materials to discuss your request.

Everyone is welcome at the Please do not hesitate to contact me if I can be of further assistance.

Sincerely,

Mark E. Shusser

Mark E. Elsasser President/CEO



With a commitment to nurturing the potential of kids, promoting healthy living

and fostering a sense of social responsibility, the Westfield Area Y ensures that every individual has access to the



OUR MISSION

The Westfield Area Y is a nonprofit human service organization dedicated to developing the full potential of every individual and family in the communities it serves through programs that build healthy spirit, body, and mind for all.