

HERE FOR ALL OF US: Confidential Application for Financial Assistance

PLEASE PRINT CLEARLY

Name of person completing application if different than applicant: _____

APPLICANT INFORMATION

Name: _____

Street Address: _____

City, State, Zip: _____

Phone (home): (____) _____

Phone (work): (____) _____

Phone (cell): (____) _____

Email: _____

SS#: _____

Date of Birth: _____ Ethnicity: _____

Marital Status: _____

List all people, including self, living in the household:

Name	Age	Relationship To applicant	Assistance Needed (Yes/No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL INFORMATION

Total **annual** household income last year from all sources: \$ _____

MONTHLY INCOME

Wages, Salaries, Tips: \$ _____
 Unemployment Compensation: \$ _____
 Social Security Compensation: \$ _____
 401K/Retirement: \$ _____
 Child Support: \$ _____
 Food Stamps: \$ _____
 Welfare: \$ _____
 Support from Charities: \$ _____
 State Subsidized Funding: \$ _____
 Alimony: \$ _____
 Other _____: \$ _____

TOTAL MONTHLY INCOME \$ _____

MONTHLY EXPENSES

Rent/Mortgage: \$ _____
 Utilities: \$ _____
 Food: \$ _____
 Car Insurance: \$ _____
 Car Payment: \$ _____
 Other _____: \$ _____
 Other _____: \$ _____
 Other _____: \$ _____

TOTAL MONTHLY EXPENSES \$ _____

Does any household member receive financial assistance? ___ If yes, from where? _____ How much? \$ _____

Do you receive unemployment? Yes ___ No ___ If yes, how much do you receive? _____ How long have you been unemployed? _____ Are you actively looking for work? _____

ABOUT YOUR REQUEST

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 you a spot in the program. You must register for the program separately.

Have you previously applied for financial assistance at this Y? Yes ___ No ___

If yes, when and what did you receive? _____

Tell us why you are applying for financial assistance (**This is required information** — attach additional sheet as necessary):

FOR OFFICE USE

Camp Child Care Program Membership

Scholarship: \$ _____ Recipient: _____ %

Scholarship: _____ %

Reviewed By: _____ Approved by CEO: _____

Comments/Restrictions: _____

Scholarship Received: _____

✓ **APPLICATION CHECKLIST**

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. **Photocopies only**
- Letter from current employer verifying employment
- Two most recent pay stubs
- Last year's W-2
- Proof of residency for all household members ages 26 and older
- Mail to:
 WESTFIELD AREA Y
 220 Clark Street
 Westfield, NJ 07090
 Attn: Susan Morton, Financial Assistance

✓ **PLEASE NOTE**

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, so may the fees.

If other documentation is needed, you will be notified (social security, divorce, child support, etc.).

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.

Applicant Signature _____
Date



The Westfield Area Y is a member agency of the Westfield United Fund.

FREQUENTLY ASKED QUESTIONS



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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.



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 Y. Please do not hesitate to contact me if I can be of further assistance.

Sincerely,

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
essentials
needed to
learn, grow
and thrive.



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.