



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# FINANCIAL ASSISTANCE PROGRAM

## Regional YMCA of Western Connecticut

The Regional YMCA of Western Connecticut believes in providing memberships and programs for all. We provide financial assistance for all adults, teens, young adults, seniors, couples, single parent families and families who cannot afford the full cost of a Y membership.

Financial Assistance is available through the generosity of Y contributors. Our goal is to have sufficient funds to ensure our Y remains accessible through our Financial Assistance Program. Each application is reviewed on a case-by-case basis.

### 1. Regional YMCA of Western Connecticut Financial Assistance Application

Adults, teens, young adults, seniors, couples, single parent families and families may apply for financial assistance at any time. Applications are available at the YMCA Front Desk or may be downloaded from the [www.regionalyymca.org](http://www.regionalyymca.org) website. Complete the form and attach a copy of your most recent tax return and the last 2 pay stubs or required income verification. Return your application with supporting documents to the Greenknoll Branch of the Y. Your information will be held in complete confidence and will be seen only by the necessary staff.

Financial assistance is provided to applicants who meet criteria established by the Regional YMCA of Western Connecticut. Recipients are expected to be responsible for a percentage of the membership cost. The financial information requested must be included with your application. Incomplete applications will be returned. Once the application is received complete, it will take approximately 30 days to be processed. You will be notified by mail of your application status.

### 2. Programs

For those individuals that are interested in taking classes, **financial aid will cover 35%** of the cost of one (1) class per person, per session. Assistance for these programs is given in addition to the membership. Assistance is not given just for classes.

There are a few programs that we are unable to provide financial assistance for, such as, but not limited to, personal training, private swim lessons, Nutrition, Fit In 12.

### Frequently Asked Question about the YMCA Financial Assistance Policy

- **Who is Eligible?** The YMCA seeks to serve those individuals and families who would benefit from involvement in our membership and programs, but for various reasons are unable to pay for the services.
- **What programs are included?** Most YMCA programs can be included in our financial assistance program. This includes membership, and most of our sports, fitness and aquatic classes. Some specialty classes and those offered to YMCA participants by outside organizations are not included.
- **How much financial assistance will be awarded?** When determining what portion of your fees will be subsidized, we take into consideration your **total** household income, expenses, number of people in your family/household, and any special circumstances which affect your ability to pay.
- **Why do you require documentation of my income and expenses?** We want to be sure that our financial assistance dollars go to those who are genuinely in need. With the information you provide, we can award assistance in a fair and consistent manner.
- **How long does the assistance continue?** It covers 6 months, at which time it will be reviewed for another 6 months if usage warrants.

# APPLICATION

Date of Application: \_\_\_\_\_ Applicant's DOB: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

**Please check best way to be reached:** By Email: \_\_\_\_\_ By Phone: \_\_\_\_\_ home \_\_\_\_\_ cell

Additional Family Information if Applicable:

Spouse: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Emergency Contact:** (other than person included in application)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Type of Assistance (check only one)

\_\_\_\_ Adult Membership (26 years and older)

\_\_\_\_ Teen (13 through 17 years of age)

\_\_\_\_ Young Adult (18 through 26 years of age)

\_\_\_\_ Senior (65 and older)

\_\_\_\_ Senior Couple (2 adults, at least one being 65 or older, living in the same household)

\_\_\_\_ Single Parent Family (1 adult and all children in the same household through 21 years of age)

\_\_\_\_ Family (2 adults and all children in the same household through 21 years of age)

\_\_\_\_ Adult Couple (2 adults living in the same household)

**Please tell us a little about your circumstances and why you chose the YMCA:**

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### MONTHLY FINANCIAL INFORMATION

To determine your eligibility for financial assistance and the amount the YMCA will subsidize, please complete the following and include a copy of each of the following documents.

**ALL APPLICATIONS MUST INCLUDE A CURRENT STATE AND FEDERAL TAX RETURN IN ADDITION TO THE FORMS REQUESTED BELOW:**

If Employed or Own a Business	If Not Employed	Receive State or Federal Assistance
<input type="checkbox"/> 1 month of current pay stubs <input type="checkbox"/> Profit or Loss section of current tax return	<input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Retired: Social Security Income <input type="checkbox"/> Retired: Pension/Retirement	<input type="checkbox"/> Social Security Income <input type="checkbox"/> General Assistance (cash) <input type="checkbox"/> Food Stamps
		<b>Other</b>
		<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony

## Household Income Information

### Notes

Total monthly income of:

Applicant:	\$	_____	_____
Spouse:	\$	_____	_____
Child Care Subsidy	\$	_____	_____
Child Support	\$	_____	_____
State of Federal Aid	\$	_____	_____
Other Income/Sources	\$	_____	_____
<b>Total</b>	\$	_____	_____

## Household Expense Information:

### Notes

_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
<b>Total</b>	\$	_____	_____

What amount do you feel you can afford to pay monthly? \$ \_\_\_\_\_

**A copy of your financial documents **MUST** accompany the application for the review process.**

If we have any questions or need more information, we will contact you by phone. You will be notified by mail within 30 days after a completed application regarding the status of your application.

**If you have any questions, contact Membership Dept./Financial Assistance at 203.775.4444.**

**Thank you for your interest in the Regional YMCA of Western Connecticut!**