



YMCA OF WESTERN MONMOUTH COUNTY

YCARES FINANCIAL ASSISTANCE APPLICATION

(select one)

Freehold Branch

470 E. Freehold Rd., Freehold NJ
732-462-0464

Freehold Borough

41 Center St., Ste. 2, Freehold NJ
732-845-5273

Old Bridge Branch

1 Mannino Park Dr., Old Bridge NJ
732-727-0704

Camp Topanemus

380 Mommouth Rd., Millstone Township, NJ
732-294-7727

YCaress Financial Assistance Program

YCaress is a confidential financial assistance program that helps those needing support to participate in YMCA programs and services. Our Annual Campaign and special events fund the YCaress Financial Assistance Program.

Financial Assistance is available for individuals and families on a needs-based sliding scale, based on qualifications and available resources.

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Frequently Asked Questions.....

Who is eligible to receive financial assistance?

Individuals and families residing in the service area of the Y of Western Monmouth County who show they are in need of financial assistance to help pay for their programs or membership.

How do I apply?

Complete the application on reverse side and return to the Membership Director at either the Freehold or Old Bridge Branch along with all required documentation (see below). An interview may be required. You may only apply to one branch. Please allow up to 2-4 weeks for review and processing.

How are Financial Assistance Awards determined?

Financial Assistance is determined by total number of persons in the household, gross annual income, and any special circumstances. Funds are limited and the award amount may also be effected by the number of requests received and the resources available.

How long will the financial assistance continue?

Financial assistance will be awarded for a period of between six (6) months to no more than one (1) year. Recipients must wait one year from date of expiration to reapply for financial assistance.

What is the responsibility of the scholarship recipient?

The Y expects that financial assistance recipients will make use of the facility a minimum of ten (10) times per month. Failure to do so may result in termination of financial assistance.

Instructions: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

Completed application on reverse must be returned with the following (if applicable):

- Copies of completed front page of 1040 and W-2 forms.
- Copies of 2 most recent pay stubs, or proof of income.
- Copies of your SSI allocation, if applicable.
- Copies of any other financial assistance received (i.e., alimony, child support, interest, dividends).
- If unemployed, you must submit your State Unemployment documentation.
- Proof of address (utility bill, copy of rental agreement, mortgage statement or bank statement).
- Any unusual expenses (i.e., medical expenses for chronically ill child or adult).

NOTE: Please do not include originals of any documentation as they will not be returned.

CONFIDENTIAL

FINANCIAL ASSISTANCE APPLICATION

(Please print legibly)

APPLICANT'S NAME: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Email: _____

Financial Assistance requested for Self Child Family

For what programs/activities are you requesting assistance? _____

If applying for Child Care services:

On which days do you need child care? Mon Tue Wed Thu Fri

What time would your child need care? From: _____ To: _____

What portion of the fee can you afford to pay? _____

Have you ever been a member of the Y? Yes (Date: _____) No

Have you ever applied for financial assistance at the Y before? Yes No

FAMILY INFORMATION:

Number of members in family living at home: Adult _____ Children _____ Total _____

List family members noted as dependants for tax purposes: (list additional children on a separate sheet and attach to application)

NAME DOB AGE GENDER

Applicant _____

Adult 2 _____

NAME DOB AGE/GENDER NAME DOB AGE/GENDER

Child 1 _____ Child 6 _____

Child 2 _____ Child 7 _____

Child 3 _____ Child 8 _____

Child 4 _____ Child 8 _____

FINANCIAL INFORMATION (Total Gross Annual Income): All supporting documentation must be attached to application

Total Employment Income Adult 1 \$ _____

Total Employment Income Adult 2 \$ _____

Total Income all other sources \$ _____

TOTAL \$ _____

APPLICANT MUST INITIAL ALL LINES AND SIGN BELOW:

_____ I (we) certify that all information provided is true and correct.

_____ I (we) certify that all income, including income from self-employment, is reported.

_____ I (we) understand that any change in family size, family income or any other circumstances that may change eligibility must be reported within two (2) weeks.

_____ I (we) understand that if information is proven to be false, at any time, all financial assistance is to be paid back to the Y of Western Monmouth County.

_____ I (we) understand that financial assistance is contingent on a minimum of ten (10) visits per month and failure to do so can result in termination of assistance.

_____ I (we) understand that upon expiration of financial assistance, the membership will automatically revert to the then current membership rate and I will be charged accordingly.

_____ I (we) understand that if I wish to cancel the membership upon expiration of financial assistance, I must do so in writing by the 20th of the prior month.

Signature of Applicant: _____ Date: _____