

THE Y IS HERE FOR ALL.



YMCA of Greater Monmouth County is dedicated to helping all community members access facilities and programs that nurture potential and help families to live healthier together. We welcome all to the Y, regardless of the ability to pay.

Our scholarship program based on household financial need is funded through the generosity of YMCA donors. To ensure we are responsible stewards of available funds and compliant with tax-exempt requirements, we ask our applicants to provide documentation to verify household income. Every member can feel confident that the Y serves the community equitably, sensitively and with care for the well-being of all.

There are two types of Scholarship verification, Express or Traditional.

EXPRESS VERIFICATION

Applicants receiving aid from county or state agencies have already undergone a thorough income verification process. We will accept the following for verification:

TYPE	ACCEPTED DOCUMENT
WFNJ/TANF or WFNJ/GA	Notice of Approval
Cash Aid SNAP	Notice of Approval
NJ Foster Parent/Kinship Care	Foster Care Notice of Approval
NJ Family Care/Medicaid	Notice of Approval
NJ Child Care Subsidy	Notice of Approval
Free or Reduced Lunch Program	Notice of Approval
WIC Statement	Letter/Voucher

TRADITIONAL VERIFICATION

We will require the following for traditional verification:

- > **Most recent tax return: First two pages of Forms 1040 or 1040A**
 - > **Self-employed individuals must include Schedule C**
- > **Two most recent pay stubs, or letter from employer verifying income**
- > **Other income verification (if applicable)**
 - > **SSI or Disability Statement**
 - > **Unemployment Benefits**

All applications can be accepted at the welcome center of your local YMCA. You can also send your documents electronically as needed. Should you need further assistance, call YMCA Team Headquarters at 732.671.5505.

Applicants should be notified within 48 hours for Express Verification and seven (7) days for Traditional Verification.

120-4821-THQ

YMCA OF GREATER MONMOUTH COUNTY

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Shrewsbury NJ 07702

732.671.5505
info@ymcanj.org

ymcanj.org



Here for all.

Financial assistance is offered
based on availability of funds.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HOUSEHOLD INCOME

All adults requesting scholarship must provide verification of income. Please disclose all sources of income.

EXPRESS VERIFICATION

Pre-approval Program (Select the program that applies):		
<input type="checkbox"/> WFNJ/TANF /GA <input type="checkbox"/> Cash Aid SNAP <input type="checkbox"/> NJ Foster Parent/Kinship Care <input type="checkbox"/> NJ Family Care/Medicaid <input type="checkbox"/> NJ Child Care Subsidy <input type="checkbox"/> Free and Reduced Lunch Program <input type="checkbox"/> WIC <input type="checkbox"/> HUD/Section 8		
STAFF USE ONLY	Receiving Staff Initials	Date Received

TRADITIONAL VERIFICATION

Adult Name	Income Type	Amount/Frequency	Annual Income	Verified? Staff Initial/date
Current Household Annual Income:				
Recent Federal Tax Return - Adjusted Gross Income (AGI)*:				
*Traditional applications only. To locate AGI by Tax Return Type			Form 1040, line 37	
			Form 1040A, line 21	
			Schedule C, line 31	

SHOULD I NEED TO CONTINUE ASSISTANCE, I UNDERSTAND THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS. MEMBERSHIP FEES ARE SUBJECT TO CHANGE ON MY ANNIVERSARY DATE WITHOUT RENEWAL. I certify that the above information is true and complete to the best of my knowledge, and that I, along with other adults listed, do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarships are awarded based on need. In the event that I, or my children, must cancel my/our participation, I will contact the YMCA immediately so that scholarship can be applied to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature	Date
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YMCA OFFICE USE ONLY

Application Review (print name)		Member Contact Date
Household FT-ID	<input type="checkbox"/> Declined (reason):	
<input type="checkbox"/> Approved:	Membership	%
	Program	%
Final Review/Authorization (Print Name)		Redeem by: