

# 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 financial assistance 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.

## EXPRESS VERIFICATION APPLICATION

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

All applications and supporting documentation will be accepted electronically at [fa@ymcanj.org](mailto:fa@ymcanj.org). Should you need further assistance, call YMCA Team Headquarters at 732.671.5505.

Applicants should be notified within 3 - 5 business days for Express Verification.

**Applicants who do not receive aid from county or state agencies are required to apply online at [ymcanj.org/fa](http://ymcanj.org/fa).**

722-4821-THQ

### YMCA OF GREATER MONMOUTH COUNTY

170 Patterson Avenue  
Shrewsbury NJ 07702

732.671.5505  
[info@ymcanj.org](mailto:info@ymcanj.org)

[ymcanj.org](http://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 financial assistance 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

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 financial assistance is 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 assistance 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:	