

# 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.

Please complete our YMCA Financial Assistance Application and provide a current award letter or other form of dated documentation from the chart below. Copies of insurance or other benefit cards cannot be used for verification purposes. We will accept the following documents for verification:

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

All applications and supporting documentation will be accepted electronically at [fa@ymcanj.org](mailto:fa@ymcanj.org). Complete applications will be processed within 5-7 business days. Incomplete applications will be returned. Visit our website at [ymcanj.org/fa](http://ymcanj.org/fa) for more information about the program.

**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.

**YMCA OF GREATER MONMOUTH COUNTY  
FINANCIAL ASSISTANCE  
EXPRESS VERIFICATION APPLICATION**

**OUR MISSION:** To put Judeo-Christian principles into practice through programs that build a healthy spirit, mind and body for all.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

SELECT YOUR BRANCH	
Today's Date	<input type="checkbox"/> Freehold Family YMCA <input type="checkbox"/> Old Bridge Family YMCA <input type="checkbox"/> Red Bank Family YMCA <input type="checkbox"/> YMCA Before/After Care & Childcare <input type="checkbox"/> YMCA Camp Zehnder <input type="checkbox"/> YMCA Community Outreach

**HOUSEHOLD INFORMATION**

Primary Adult Name		Birth Date mm/dd/yy	
E-mail	Phone:		<input type="checkbox"/> Mobile
Address		Unit #	
City	State	Zip	
Preferred Contact Method: <input type="checkbox"/> E-mail <input type="checkbox"/> Phone			
Household Member 1	Birth Date mm/dd/yy	<input type="checkbox"/> Under 18	
Household Member 2	Birth Date mm/dd/yy	<input type="checkbox"/> Under 18	
Household Member 3	Birth Date mm/dd/yy	<input type="checkbox"/> Under 18	
Household Member 4	Birth Date mm/dd/yy	<input type="checkbox"/> Under 18	
Household Member 5	Birth Date mm/dd/yy	<input type="checkbox"/> Under 18	
Are you currently a YMCA member? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**YOUR PERSONAL STORY** Are you willing to share your personal story?  Yes  No

Tell us how you feel financial assistance could benefit your household:



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Incomplete applications will be returned.** You must submit your application with one or more of the documents listed in the chart on the first page of this application.

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

MEMBERSHIP FEES ARE SUBJECT TO CHANGE WITH 30 DAY NOTICE. 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:	