



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER HARTFORD FINANCIAL ASSISTANCE APPLICATION

HOW TO APPLY AND WHAT TO EXPECT

In order to apply for Financial Assistance, you must supply the YMCA with the following documents. Complete the YMCA Financial Assistance Check List for the program area needed:

Membership, Camp and Program Financial Assistance Checklist

Financial Assistance Application - filled out completely, signed and dated

2021 1040 Federal Income Tax Returns - (W-2s only are not acceptable)

Last **TWO** (current) Paystubs for **ALL** income-earning members of the household

Proof of all Other Income (i.e. child support, social security benefits, disability benefits, unemployment, snap benefits etc.)

Camp Financial Assistance Checklist - additional paperwork needed

Care4Kids Application or Redetermination

Care4Kids Parent Provider Agreement Form

Please note if you are unable to supply a tax return we must receive proof of non-filing status. You may call the IRS at 1-800-829-1040 to request this.

All applications must be 100% complete, with all applicable documentation or your application will be denied and returned.

Approval and Payment Process

You will receive notification by phone, email or mail of approval or denial within 14 days of receipt of application.

If you decline the Financial Assistance and wish to cancel the enrollment in our program, please contact the YMCA **in writing** via email or mail the letter to the YMCA branch.

Mail or drop off at:

Hale YMCA Youth and Family Center

9 Technology Park Drive, Putnam, CT 06260

860-315-9622

Email to: tracie.lombardy@ghymca.org



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YMCA OF GREATER HARTFORD FINANCIAL ASSISTANCE APPLICATION

First Name: _____ MI: _____ Last Name: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Email Address: _____ Preferred Phone: _____ Birth date: _____

Employer Name: _____

Employer Address: _____

Town/City: _____ State: _____ Zip Code: _____

Job Title: _____ Business Phone: _____

Spouse/Partner Name: _____ MI: _____ Last Name: _____

Employer Name: _____

Employer Address: _____

Town/City: _____ State: _____ Zip Code: _____

Job Title: _____ Business Phone: _____

Number of Dependent Children: _____

Name: _____ Birth date: _____ Name: _____ Birth date _____

Name: _____ Birth date: _____ Name: _____ Birth date _____

Name: _____ Birth date: _____ Name: _____ Birth date _____

Financial Assistance is Requested For:

Membership Programs Child Care Camp Other

Other Information

Your Gross Annual Salary: \$ _____ Spouse/Partner's Gross Annual Salary: \$ _____

Other Income (list source & amount): _____

Housing: Own Rent Monthly Mortgage/Rent: _____

Do you receive a housing subsidy? Yes No Amount per Month: \$ _____

Please list any special circumstances that affect your reason for need: _____

To qualify for financial assistance, you must submit the following documents within 2 weeks of application:

- Your most recently filed tax return
- Two current paycheck stubs or other proof of your current combined total income
- Proof of any other income - i.e. child support, social security benefits, etc.

The information listed on this form is correct to the best of my knowledge. I understand that if I do not provide the required documentation within 2 weeks, my membership rate will revert to the full fee. I understand that I must re-apply for financial assistance every 12 months from the date of this application. If I do not re-apply for financial assistance, my fees will revert the full published rate.

Applicant Signature: _____ Date: _____

YMCA of Greater Hartford Staff to Complete this Section

Member Account Number _____	Branch _____
Percent of Subsidy _____	Begin Date _____ Review Date _____
Approved By _____	Date Entered _____