



**Madison Area YMCA  
Y Cares Financial Assistance Application**

YMCA Mission Statement: The Madison Area YMCA, part of a worldwide association based on Christian values, inclusive of all people, provides quality programs that develop a healthy spirit, mind and body.

**A - Income Verification**

Please complete this form and return it to the Family Center with proof of income, which should include at least two of the following:

- 1). Your most current Income Tax Form (IRS Form 1040). If you are self-employed you must also submit schedule C of your income tax form.
- 2). A letter from your employer stating how many hours you work per week and your income
- 3). A letter from Social Security or Social Services stating your monthly benefits
- 4). One month worth of pay check stubs
- 5). Immigration documentation or copy of temporary visa that clearly states inability to work in the U.S. and banking account information (*Drew Graduate Students only*)

**Please list your monthly income totals here:**

Wages, salary	\$ _____
Social Security	\$ _____
Public Assistance (Welfare)	\$ _____
Unemployment	\$ _____
Child Support/Alimony	\$ _____
Pension or Retirement	\$ _____
Other	\$ _____

**Total monthly income anticipated THIS year from ALL above sources:** \$ \_\_\_\_\_

Note – If you have any special circumstances in regards to your income or situation that you feel should be taken into consideration, please submit them in writing on an additional sheet of paper.

**B - Participant Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Email:** \_\_\_\_\_

**C- Work Status:** Full-time\_\_\_\_ Part-time\_\_\_\_ Homemaker\_\_\_\_ Unemployed\_\_\_\_ Disabled\_\_\_\_

Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Title \_\_\_\_\_ Supervisor \_\_\_\_\_

**D- Marital Status :** Married\_\_\_\_ Single\_\_\_\_ Divorced\_\_\_\_ Separated\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Title \_\_\_\_\_ Supervisor \_\_\_\_\_

**E- Children's Names**

1). \_\_\_\_\_ M/F 2). \_\_\_\_\_ M/F 3). \_\_\_\_\_ M/F 4). \_\_\_\_\_ M/F

**Birth dates**

1). \_\_\_\_\_ 2). \_\_\_\_\_ 3). \_\_\_\_\_ 4). \_\_\_\_\_

**F - Type of membership requested (please select one).**

- Family (2 Adults w/children)
- Adult
- Senior Adult
- Older Youth (Ages 12-17)
- Youth (Ages 0-11)

Are you a current member of the Madison Area YMCA?      Yes       No

Have you received financial assistance from the Madison Area YMCA before?      Yes       No

If yes, when \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_.

**G - Applicant Certification**

I certify that the information provided on this application is complete and true to the best of my knowledge. I understand that failure to provide this information or the provision of false information could result in loss of membership participation for me or my family and/or legal action.

Signed \_\_\_\_\_ Date \_\_\_\_\_

This form must be completed in full and submitted with all supporting documentation to Rebecca Rendon, Financial Assistance Coordinator or Alyson Meyer, Member Services Director. All applications will be reviewed and processed within 2 weeks. Once approved, you will receive an official letter by mail detailing your financial assistance award and directions on how to get started.

Due to the volume of requests that we receive, any documentation or paperwork submitted with this application cannot be returned to the applicant. Please do not submit originals with this application.

**Financial Assistance Statement**

The Madison Area YMCA has funds, subject to available YMCA resources, from the United Way of Morris County and from individual gifts to the Madison Area YMCA Annual Fund to assist anyone who is unable to afford membership and program services at the Madison Area YMCA Family Center or child care at The Kirby Children's Center.

Would you be interested in volunteering to raise funds for the Y Cares fund?      Yes       No

Would you be interested in volunteering in another capacity?      Yes       No