CENTRAL CONNECTICUT COAST YMCA
CONFIDENTIAL
FINANCIAL ASSISTANCE APPLICATION

The Central Connecticut Coast YMCA offers financial assistance for programs to qualified members. We are community based and believe that our programs should be available to everyone and that no one should be turned away because of their inability to pay. Our Financial Assistance Program is made possible because caring people and businesses in our communities fund the program through our Annual Campaign. Financial Assistance is available on a sliding scale that is based on total household income, family size and number of participants for a specific program.

It's easy to apply:

1. Please circle the program for which you would like financial assistance. One program per application.
2. Complete both sides of the application, including name and contact details, household members, and itemized income information. Please include any registration materials for the program(s) for which you are requesting financial assistance.
3. Child Care and Summer Camp applicants must also complete the CT Department of Social Services Care-4-Kids application in order for this application to be processed or reviewed.
4. A copy of your most recent Internal Revenue Service tax statement (tax return) and the last three pay stubs of all working adults must be included to process the application. Your SSI Allocation statement, DSS budget worksheet and any unemployment documents (if applicable) must also be included. Include any other documentation that supports your current income. (This information will be held confidential).
5. If you need assistance completing the application, please work with our Member Service Team.

Program: Child Care Camp Aquatics Youth/Teen Other:_____

Have you previously applied for financial assistance at the YMCA? Yes No If yes, which YMCA? _____

Today's Date_____

Your Name _____Date of Birth_____

Address_____Email _____

City_____State_____Zip Code_____

Home Phone_____Work Phone_____Cell Phone_____

Place of Current Employment_____Length of Employment _____

Program Participant(s)

Last Name	First Name	Date of Birth

Household Members (List all – adults and youth)

Last Name	First Name	Date of Birth

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Household Income	Monthly
Wages, Salaries & Tips (all sources in household)	$
Unemployment Compensation	$
Social Security Compensation	$
Disability Compensation	$
Child Support	$
Alimony	$
Aid to Dependent Children	$
Food Stamps	$
Housing Assistance	$
Utility Assistance	$
401K/Retirement	$
	$

If necessary, include documentation of any special expenses, extenuating circumstances, or crisis expense situations of which we should be aware.

Total amount you feel you can pay per month for program fees. $_____
An amount must be entered or the application will not be processed.

REMEMBER: A copy of the most recent Internal Revenue Service tax statement (tax return) and the last three pay stubs of all working adults must be included for this application to be processed. Your SSI Allocation statement, DSS budget worksheet and any unemployment documents (if applicable) must also be included. You may choose to include your W-2's, and/or any other documentation that supports your current income. (This information will be held confidential). Child Care and Summer Camp applicants must also complete the Department of Social Services Care-4-Kids application and return it with this application in order for this application to be processed or reviewed.

I certify that the above information is true and complete to the best of my knowledge. If requested, I will provide further substantiation of all facts included above. I understand that applications take at least two weeks to process, after which a YMCA representative will contact me. I acknowledge that an incomplete application will not be processed.

Applicant's Name (print)_____

Applicant's Signature_____

Office Use Only
Date Received:_____
Program:_____ Date(s) of Program:_____
Financial Assistance Awarded (%):_____
Branch Executive Signature:_____ Date Approved:_____
Processor Signature:_____ Date: _____