



## FINANCIAL ASSISTANCE POLICIES

The Norwalk YMCA's mission is to remain affordable for the average person and accessible to everyone so that all families in our community have an equal opportunity to participate in Y membership and programs. Requests for financial assistance are reviewed by the Norwalk YMCA's Financial Assistance Committee using standards developed by CT State, Wilton/Norwalk Social Services and YMCA guidelines. These take into account income levels, disabilities or handicaps, changes in family situations, medical issues, or other extenuating circumstances. **Please be advised that the amount of financial assistance being offered does not exceed the resources of the Norwalk YMCA to fund it.**

FINANCIAL ASSISTANCE RECIPIENTS **CANNOT SIGN UP ONLINE**

**To apply for Financial Assistance, please follow the steps below:**

1. Complete the attached Financial Assistance Application in its entirety. **Incomplete applications will not be processed and returned to applicant.**
2. Attach a copy of your most recent pay stub and federal income tax return. Otherwise, another type of income documentation must be provided.
3. Provide specific information on the Enrollment Form page as to what type of membership, day/time of class or program you are requesting
4. Submit completed application to Afterschool and Day Camp Director Desiree Edwards **at least 3 weeks** prior to the start of the desired class/camp session.
5. You will be notified within 10 **business** days via email or phone as to the amount of the award and what your share of the fee is.

***Financial Assistance awards are usually made for a program year.*** When a program session concludes and financial assistance continues to be needed for classes, you must:

- a) Submit a new Enrollment Form for the next session.
- b) Advise the Y if any changes have occurred in your financial situation
- c) Provide most recent Federal Income Tax Return each year as soon after April 15 as available

***QUESTIONS: Afterschool and Day Camp Director Desiree Edwards, (203)762-8384 x213,  
dedwards@riverbrookymca.org***

**NORWALK YMCA**  
**FINANCIAL ASSISTANCE APPLICATION**

**Note: Financial assistance cannot be awarded if form is incomplete and copies of the most recent IRS tax return/current pay stubs/unemployment statement are not included.**

Date of Application \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

(PLEASE PRINT CLEARLY – email is our primary means of contacting you)

TOTAL# of people in family \_\_\_\_\_ # of adults \_\_\_\_\_ # of children & ages \_\_\_\_\_

Assistance is requested for:

\_\_\_\_ **Before and After school Care**                      \_\_\_\_ **Camp**

**A completed Enrollment Form (attached) MUST accompany this Application.**

Does Program Participant have a disability or special challenge? \_\_\_\_\_ Is an aide required? \_\_\_\_\_

If assistance is awarded, are you willing to volunteer at the Y and/or provide an anonymous testimonial for the Y to use in printed materials?

Would a payment plan allow you to pay for your membership or programs? \_\_\_\_\_

**How much are you able to contribute to the cost of membership or programs?** \_\_\_\_\_

How did you learn that financial assistance is available from the Wilton Y?  
Y? Friend Newspaper Brochure Y Staff Other \_\_\_\_\_

**INCOME INFORMATION**

**EMPLOYMENT**

Are you currently employed? \_\_\_\_\_ Is your spouse currently employed? \_\_\_\_\_

**Total annual family/household income: \$** \_\_\_\_\_ (Attach most recent IRS tax return and other income documentation for all wage earners in the household)

If no, are you or your spouse receiving unemployment? \_\_\_\_\_ Amount per month: \$ \_\_\_\_\_

Your employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Phone No. \_\_\_\_\_

Annual Salary \_\_\_\_\_ Monthly Net \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Phone No. \_\_\_\_\_

Annual Salary \_\_\_\_\_ Monthly Net \_\_\_\_\_

OTHER

Are you currently receiving child support? \_\_\_\_\_ If so, how much monthly? \_\_\_\_\_

Are there any other household members (i.e. grandparents, older siblings) that contribute to your monthly living expenses? \_\_\_\_\_ If so, how much monthly? \_\_\_\_\_

**Other Monthly Income:**

Pension	Yes	No	\$ _____
State or Federal Aid	Yes	No	\$ _____
Food Stamps	Yes	No	\$ _____
Social Security Benefits	Yes	No	\$ _____
Veteran's Benefits	Yes	No	\$ _____
Spousal Support	Yes	No	\$ _____
Children's employment	Yes	No	\$ _____
Unemployment Benefits	Yes	No	\$ _____
Rental Income	Yes	No	\$ _____
Dividend Income	Yes	No	\$ _____
Subsidized Housing	Yes	No	\$ _____

Please note any other source of income: \_\_\_\_\_

**Liquid Assets (other than retirement assets)**

**Include all family members**

Checking/Savings Accounts \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Investments (Stocks/Bonds) \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Property (other than Primary residence) \_\_\_\_\_

Please list the name of an unrelated person (such as a teacher, pastor, social worker) who has knowledge of you/your family's financial situation. The YMCA may contact this person as a reference in regard to this application.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*I hereby attest that the information provided above is accurate and truthful to the best of my knowledge. Applicants must keep the terms of their financial assistance confidential. I have included a copy of my most recent IRS Tax Return and pay stubs and/or other income statements.*

Applicant's Signature: \_\_\_\_\_ Spouse's Signature: \_\_\_\_\_

**If there is other information you would like to provide so that the Y's Financial Assistance Review Committee can better understand your situation, please be sure to include a supplementary note explaining the details and it will be considered as part of your application.**