

RIVERBROOK REGIONAL YMCA

FINANCIAL ASSISTANCE APPLICATION

		Financial Assistance Application Checklist		
		Completed all sections of the application		
		Copy of previous year's tax return		
		Copies of last 2 paystubs		
		Copies of last 2 month's bank statements (all, including checking and savings, etc)		
		Copies of any additional proof of expenses		
		Copies of Unemployment, Social Security, other income documents, etc		
		INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED		
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.				
immediately of a	ny chan	nformation provided above is true, accurate and complete. I agree to ges in my household income. I understand my assistance can be termi e or false information. I agree to keep the terms of my assistance con	nated at anytime	
Applicant's Signa	ture:			
Spouse / Partner	Signatu	re:		

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Requests for financial assistance are reviewed by the Riverbrook Regional YMCA's Financial Assistance Committee taking into account income levels, disabilities or handicaps, changes in family situations, medical issues, or other extenuating circumstances. Awards are granted for no more than 12 months at a time and must be renewed after the 12 months are over (exceptions may be made by the committee under their discretion). The YMCA reserves the right to refuse assistance to any applicant. Financial assistance is a temporary agreement extending assistance in a time of need.

Please apply to the YMCA in your service area before applying to the Riverbrook Regional YMCA for assistance.

The following are exceptions by program:

PROGRAM	EXCEPTIONS (not eligible for discount)
General programs	Private swim lessons, Personal training, contracted programs, dance costumes
Camp	AM/PM Care, Specialty Camps, field trips, camp store, enhancement fee
Child Care	Registration fees, field trips
Wahoos	Activity fees, meet fees, fundraising, swim suits
Gymnastics Team	Meet fees, uniforms

All registrations will be done by the individual or family receiving financial assistance. Instructions will be made available to you in English and Spanish. Awards will not be applied to currently registered for programs or sessions. Registrations must be made after an award is granted and within the award year.

Please be sure the following are submitted when applying. Incomplete registrations will not be reviewed:

- Completed Financial Assistance Application.
- Copies of your last 2 pay stubs & 2 bank statements. If self-employed, copies of your last 4 bank statements.
- Copy of last year's tax return.
- Unemployment verification, social security benefits, any state aid or income from other sources.

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Applications must be received 3 weeks prior to the start of the program session to ensure enough time for review, an offer to be made and the acceptance to be processed. All communication will be made via email.

Questions for applications, contact Molly Blosser: mblosser@riverbrookymca.org or 203-762-8384 ext. 283.

Incomplete applications will not be reviewed. Please complete in full and submit all required supporting documentation.

(PLEASE PRINT CLEARLY)

Date of application	
Name of applicant	
Address/City/State/Zip	
Daytime Phone #	
Evening Phone #	
Email	

(PLEASE PRINT CLEARLY)

Other household members (including grandparents, cousins, nieces, nephews, stepchildren, etc)

Name	Age	If over 16, attending School (Yes/No)	If over 16, working (Yes/No)
		School (Yes/No)	(Yes/No)

Assistance is requested for (Please select Membership Type & All Programs assistance is being requested for)

MEMBERSHIP TYPE	Circle Preference	e for Billing	PROGRAMS
	(Not Guara	nteed)	(Circle All That Apply)
Family	Monthly	Annual	General Facility Use
Adult (Age 30+)	Monthly	Annual	General Classes
Senior (65 years or old	er) Monthly	Annual	Afterschool Program
Young Adult (Age 19-2	9) Monthly	Annual	Kid Zone
Youth (Age 16-18)		Annual	Camp Gordyland (Wilton)
Child (under 15 & under	er)	Annual	Camp Sunrise (Norwalk)
			Gymnastics Team
			Preschool Program
			Wahoo Swim Team



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All boxes must be filled out. If not applicable, please write N/A.

Employment Information	Applicant	Spouse/Partner/Other Adults in
		House
Occupation		
Annual Salary - Gross		
Unemployment Benefits Amount		
Workers Compensation Amount		
Alimony / Child Support Received or		
Given (please specify)		
SNAP Benefits, Social Security,		
Veteran Benefits Amounts		
Income or assistance from additional		
adults in the house		
Income or assistance from outside –		
Family, all others		
Any additional income or assistance		
you receive (non-governmental)		

Liquid Assets (other than retirement assets) include all family members:

Checking/Savings Accounts	\$ \$	\$
Investments	\$ \$	\$
Property that you receive income from	\$ \$	\$
Dividend Income	\$ \$	\$

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. **YMCA staff cannot be listed as a reference.**

Name	
Position	
Address	
Phone #	



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Please List All Expected Monthly Expenses and Amounts:

Examples include: Rent/Mortgage, Utilities, Car, Insurance, Tuition, Loan Payments, Medical Bills, Childcare etc This all MUST be verifiable either via bank statements or payment statements (copies, cash sending applications, etc). Please include all additional proof of expenses if not on bank statements. If additional expense lines are needed, please continue listing on the last page of application.

Name/Type of Expense	Amount Monthly
EXAMPLES:	
GROCERIES/HOUSEHOLD SUPPLIES	\$450 \$180
GAS FOR CAR	\$180

Average Total Monthly Expenses Total:



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