



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

EVERYONE BELONGS AT THE YMCA Regardless of Income

If you have been thinking that you can't afford to be a part of the YMCA, think again! At the New Britain-Berlin YMCA, we welcome everyone's involvement by providing financial assistance through generous donations from the Annual Community Support Campaign.

How do I apply?

Complete the application attached, include the required documentation and return it to the YMCA.

Annual renewals are required.

How is the financial assistance amount determined?

Your application will be reviewed and your rate will be determined by a sliding fee scale (based on the federal government poverty guidelines). We will notify you about your rate within 10 working days. You must register for your membership within 60 days of notification.

How is confidential information handled?

Your information is confidential and secure and is shared with only those who approve your application.

REQUIRED DOCUMENTS

Applications that are incomplete or missing required documents will not be processed.

- A letter explaining the reason you are applying.
- Your Most recent Federal Income Tax Form (If none have been filed, you must include the reason and attach a W2 or other income source material.)
- Most recent pay stubs for the last month.
- Child Support, Alimony Award Statement, Food Stamps, Unemployment, SSI or other assistance.
- Birth or Marriage Certificate if your last name differs from head of household.

**NEW BRITAIN-BERLIN YMCA
FINANCIAL ASSISTANCE MINI-APPLICATION**

A. HOUSEHOLD INFORMATION (Please list all people residing in the household.)

**FIRST NAME LAST NAME AGE EMPLOYER/SCHOOL DAYTIME
PHONE**

Parent _____

Parent _____

Address _____

FIRST NAME LAST NAME AGE SCHOOL/GRADE

Child _____

Child _____

Child _____

Child _____

B. FINANCIAL ASSISTANCE INFORMATION

Have you received Financial Assistance from the New Britain-Berlin YMCA before?

Y/N

If so, when? _____

What do you honestly feel you could afford to pay towards the program or membership for which you are applying? _____

C. INCOME INFORMATION (Please list all sources of income and provide approved documentation.)

SOURCE	MONTHLY AMOUNT	ANNUAL AMOUNT
Employment- Job 1		
Employment- Job 2		
State Assistance		
Child Support		
Alimony		
Social Security Income		
Disability Income		
Workers Compensation		
Unemployment		
Other		

TOTAL _____

***DOCUMENTATION MUST VERIFY INFORMATION LISTED ABOVE.**

The information I have provided on this application is true. I understand that if I do not make all the required payments, I will no longer qualify for financial assistance.

Applicant's

Signature _____ **Date** _____