



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Meriden–New Britain–Berlin YMCA Financial Aid Application

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

Important information for applying:

Complete the application attached and include required documentation. Completed application should be returned to the Welcome Center. Failure to attach required forms may result in an incomplete and will delay the process. **Annual renewals are required. You will receive a letter via mail/email 2–3 months before your next renewal date, if documentation is not provided in time, full price will be charged.**

You will be notified by mail or email if your application has been denied or approved. You must bring in your approval letter or email within 60 days of notification, failure to activate it within 60 days may result in having to start the application process again.

Information is kept confidential and secured and is only shared with those who approve your application.

Income verification is required for ALL adults in household.

Please allow up to two weeks for processing.

To qualify for assistance you must submit the following documents along with this application:

- Your most recently filed tax return
- Two current pay stubs or other proof of your current combined total income.
- Proof of any other income- i.e. child support, social security benefits, unemployment, alimony etc.
- If last names differ, proof of residency will be needed for any other adults in the household.
- Must be a resident of New Britain, Berlin or Meriden.

1. About You:

Name: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Email Address: _____ Preferred #: _____ DOB: _____

Employer Name: _____

Spouse/Partner Name: _____

DOB: _____ Preferred # _____ Email Address: _____

Employer Name: _____

Number of Dependent Children: _____

Name: _____	DOB _____	Name: _____	DOB _____
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Name: _____	DOB _____	Name: _____	DOB _____
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Name: _____	DOB _____	Name: _____	DOB _____
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What is the best way to contact you: Mail Phone E-mail

Financial Assistance is requested for:

Membership Programs Child Care Camp Other

2. What is the reason you are applying for assistance?

3. Income:

Gross Annual Salary: _____ Spouse/Partner's Gross Annual Salary: _____

Other Income(List source & Amount): _____

Housing: Own Rent Monthly Mortgage/Rent: _____

Do you receive a housing subsidy? Yes No Amount per Month: \$ _____

*DOCUMENTATION MUST VERIFY INFORMATION ABOVE

Considering the cost, what do you honestly feel you can pay towards the cost of the membership/program? \$ _____

If you are having trouble with this application and prefer to meet in person please check this box, Please provide a time of day that works best for you _____

The information listed on this form is correct to the best of my knowledge. I understand that if I do not provide the required documentation my application will not be processed. I understand if I do not make all the required payments, I will no longer qualify for financial assistance. I understand that I must re-apply for financial assistance every 12 months from the date of this application. If I do not re-apply for financial assistance, I will be charged the full rate.

Applicant Signature: _____ Date: _____

For Staff Use Only

Member Account Number _____ Branch _____

Percent of Subsidy _____ Begin Date _____ Review Date _____

Approved By _____ Date Entered _____