GREATER SOMERSET COUNTY YMCA
FINANCIAL ASSISTANCE APPLICATION

GREATER SOMERSET COUNTY YMCA LOCATION

- Bridgewater YMCA
- Franklin Twp YMCA
- Hillsborough YMCA
- Somerville YMCA
- Somerset Hills YMCA
- Plainfield YMCA

APPLICANT INFORMATION

Name: ____________________________ Date of Birth: ____________________________
Address: __________________________ City: ____________________________
State & Zip Code: __________________________ Phone: ____________________________
E-mail: __________________________ New or Renewal application: ____________

SPOUSE/DOMESTIC PARTNER INFORMATION

Name: ____________________________ Date of Birth: ____________________________
E-mail: __________________________ Phone: ____________________________

FINANCIAL ASSISTANCE REQUESTED

- Programs
- Camp
- Preschool/Day Care
- School Age Child Care
- Family Membership
- Youth Membership
- Young Adult Membership
- Senior Membership
- Single Parent Family Membership
- Adult Membership
- Teen Membership
- Senior Couple Membership

EMPLOYMENT INFORMATION

Applicant’s Employer: ____________________________
Employer’s Address: ____________________________ City: ____________________________ State: ____________________________
Employment Status: □ Full Time □ Part Time □ Self-employed □ Unemployed □ Disabled □ Retired
Work hours: ____________________________ Is your Payroll: □ Weekly □ Biweekly □ Semimonthly □ Monthly

Spouse/Domestic Partner’s Employer: ____________________________
Employer’s Address: ____________________________ City: ____________________________ State: ____________________________
Employment Status: □ Full Time □ Part Time □ Self-employed □ Unemployed □ Disabled □ Retired
Work hours: ____________________________ Is your Payroll: □ Weekly □ Biweekly □ Semimonthly □ Monthly

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FAMILY INFORMATION

Marital Status: □ Single   □ Married   □ Separated   □ Divorced   □ Widowed

Number of adults: ____________________ Number of children: ____________________ Total family size: ____________________

Name: ____________________ Date of Birth: ___________ Relation: ____________________

Name: ____________________ Date of Birth: ___________ Relation: ____________________

Name: ____________________ Date of Birth: ___________ Relation: ____________________

Name: ____________________ Date of Birth: ___________ Relation: ____________________

Do you Rent or Own? ___________ Monthly rent or mortgage? $ ___________ Paid by: □ Cash  □ Check  □ Money Order

Does anyone in the household have a Special Needs’ Trust? □ Yes  □ No

GROSS* TOTAL MONTHLY WAGES

Your Gross Monthly Income  $ ___________

Spouse’s Gross Monthly Income  $ ___________

Business Income  $ ___________

State-Fed Aid/TANF/SSI/DDD  $ ___________

Unemployment  $ ___________

Child Support Income  $ ___________

Other Income  $ ___________

Total Monthly Gross Income  $ ___________

*Not Net.

The information listed on this form is correct and true. I understand Greater Somerset County YMCA will verify income and other personal information as reported on the attached documents. Any deliberate misrepresentation will result in disqualification for assistance. Additionally, I understand that Greater Somerset County YMCA may ask for further verification of personal and financial information based upon available public information (for example, social media accounts and internet searches). In signing below, I attest that the information is accurate to the best of my knowledge.

Applicant Signature: ____________________ Date: ___________

Printed Name: ____________________

QUESTIONS?
We can help. Please contact your local branch listed below.

BRIDGEWATER YMCA & SOMERVILLE YMCA
Attn: Pamela Nelson/ Eddie Norgard
2 Green St., Somerville, NJ 08876
908 722 4567 x633
BYSYFA@gscymca.org

FRANKLIN TOWNSHIP YMCA & HILLSBOROUGH YMCA
Attn: Ben Green
19 East Mountain Rd., Hillsborough, NJ 08844
908 369 0490
bgreen@gscymca.org

SOMERSET HILLS YMCA
Attn: Beatriz Dominguez
140 Mt. Airy Rd., Basking Ridge, NJ 07920
908 766 7898 x549
financialassistance@gscymca.org

PLAINFIELD YMCA
Attn: Kisha Belton Chubb
140 Mt. Airy Rd., Basking Ridge, NJ 07920
908 766 5770 x202
faplainfield@gscymca.org

Please submit this application along with supporting documentation to the appropriate location: