



HERE FOR ALL

Dear Neighbor,

At the Y, we believe that everyone – no matter who they are or where they're from – deserves the opportunity and the resources necessary to reach their full potential. Our commitment to strengthening community by connecting people to their potential, purpose, and each other begins with ensuring that everyone has access to the resources, relationships, and opportunities we need to lead, learn, grow, and thrive.

Greater Somerset County YMCA is proud to be able to provide direct financial assistance to our neighbors in need – made possible through the generosity of our Y's Annual Campaign donors, community partners, and proceeds from special fundraising events. Our Financial Assistance Program is available to anyone who meets the financial guidelines of the Program, lives or works in our service area, and has the desire to participate in YMCA programs or services.

Applying is easy. Enclosed you will find a Financial Assistance application along with a checklist detailing all required supporting documentation. Please return your completed application to the Y's Financial Assistance Program at financialassistance@gscymca.org along with your supporting documentation. Once received, your request and supporting documentation will be reviewed by our Financial Assistance Committee. The process is completely confidential and takes approximately 4-6 weeks. You will be notified by email once a decision has been made. If you have any questions, please reach out and we will be happy to assist you.

Sincerely,

David M. Carcieri
President & CEO
Greater Somerset County YMCA



GREATER SOMERSET COUNTY YMCA



GREATER SOMERSET COUNTY YMCA FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS & REQUIRED DOCUMENTATION CHECKLIST

The Y respects your privacy and security. As such we will not accept original documents. If you need to make copies of your documentation, please ask for assistance at the Welcome Center of your local Greater Somerset County YMCA branch.

SECTION 1: APPLICANTS CURRENTLY RECEIVING GOVERNMENTAL ASSISTANCE*

- Financial Assistance Application: Parts 1-5 and 7 only; signed and dated.
- Copy of a recent statement, explanation of benefits, or other dated documentation showing you are currently an active recipient of local, state, or federal subsidies.
- A written statement explaining why you are applying for financial assistance with Greater Somerset County YMCA.

*Government assistance includes but is not limited to NORWESCAP, Office for Children, SSI, SDI, NJ Family Care, Medicaid, Section 8 Housing Assistance, NJ SNAP, and TANF.

SECTION 2: ALL OTHER APPLICANTS

- Financial Assistance Application completed in full; signed and dated.
- A written statement explaining why you are applying for financial assistance with Greater Somerset County YMCA.
- Copy of Federal Tax Returns (1040/1041) for the past 2 years, including W-2 forms. If renewing, only the most recent tax return and W-2 is required. Complete returns must be provided.
- Copy of 2 most recent months' pay stubs or letter from employer stating hours worked and pay received. Letter from employer must be on official company letterhead and include the employer's name, address, and phone number.
- Copy of Unemployment Insurance Benefits, Social Security Benefits, etc., if applicable.

NEXT STEPS

- Please return your completed application to financialassistance@gscymca.org or mail to:

Attn: Financial Assistance Program
Greater Somerset County YMCA
140 Mt. Airy Road, Basking Ridge, NJ 07920

- Be sure to include all required supporting documentation.
- When all documentation is received, the review process takes approximately 4-6 weeks.
- You will be notified by email once a decision has been made.

Note that any applicants who wish to receive Financial Assistance for child care or camp programs will be asked to apply for a third party subsidy – Community Child Care Solutions (CCCS) or Community Coordinated Child Care (CCCC) – prior to registering.

QUESTIONS?

Please email any questions to financialassistance@gscymca.org and we'll be happy to help.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GREATER SOMERSET COUNTY YMCA

FINANCIAL ASSISTANCE APPLICATION

PART 1: GREATER SOMERSET COUNTY YMCA BRANCH

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

PART 2: APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City: _____

State & Zip Code: _____ Phone: _____

E-mail: _____ New or Renewal Application: _____

Marital Status: Single Married Separated Divorced Widowed

PART 3: SECOND ADULT RESIDING IN HOUSEHOLD

Name: _____ Date of Birth: _____

E-mail: _____ Phone: _____

PART 4: MEMBERSHIP CATEGORY REQUESTED

Family Youth Young Adult Single Parent Family Adult Teen

PART 5: YMCA PROGRAMS REQUESTED

Daycare/Early Education School Age Child Care Summer Camp Other YMCA Programs or Services

PART 6: 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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PART 7: HOUSEHOLD INFORMATION

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: _____

PART 8: GROSS* TOTAL MONTHLY FINANCES

Gross Monthly Income From Your Job	\$ _____	Monthly Rent/Mortgage Payment	\$ _____
Second Household Adult's Gross Monthly Income	\$ _____	Monthly Food/Meals/Grocery Payments	\$ _____
Business Income	\$ _____	Monthly Utilities (Gas/Electric)	\$ _____
State-Fed Aid/TANF/SSI/DDD	\$ _____	Monthly Car Expenses (Gasoline/Loan Payments)	\$ _____
Unemployment	\$ _____	Other Expenses	\$ _____
Child Support Income	\$ _____		
Other Income	\$ _____		
Total Monthly Gross Income	\$ _____	Total Monthly Expenses	\$ _____

*Gross income is the sum of all wages, salaries, profits, interest payments, rents, and other forms of earnings, before any deductions or taxes. It is opposed to net income, defined as the gross income minus taxes and other deductions.

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. In signing below, I attest that the information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Printed Name: _____

NEXT STEPS

Please submit your completed application along with any supporting documentation to financialassistance@gscymca.org or mail to:

Attn: Financial Assistance Program
Greater Somerset County YMCA
140 Mt. Airy Road, Basking Ridge, NJ 07920

GREATER SOMERSET COUNTY YMCA

BRIDGEWATER YMCA | FRANKLIN TWP YMCA | HILLSBOROUGH YMCA | PLAINFIELD YMCA | PRINCETON YMCA | SOMERSET HILLS YMCA | SOMERVILLE YMCA

140 Mount Airy Road, Basking Ridge, NJ 07920 | 908 630 3535



gscymca.org

Greater Somerset County YMCA is a leading nonprofit committed to strengthening community by connecting all people to their potential, purpose and each other. The Y empowers everyone – no matter who they are or where they're from – by ensuring access to resources, relationships and opportunities for all to learn, grow and thrive. For information about Greater Somerset County YMCA and financial assistance, visit us at www.gscymca.org.