



HERE FOR ALL

Dear Neighbor,

At the Y, we believe everyone deserves the opportunity and support to reach their full potential. Our commitment to strengthen community starts with ensuring that all individuals have access to the resources, relationships, and opportunities they need to learn, grow, and thrive.

Greater Somerset County YMCA is proud to offer financial assistance to those in need – made possible through the generosity of our Annual Campaign donors, community partners, and special fundraising events. Our Financial Assistance Program is available to individuals who live or work in our service area, meet the program's financial guidelines, and wish to participate in YMCA programs or services.

Applying is simple. Enclosed you'll find a Financial Assistance application and a checklist of required supporting documents. Please email your completed application and documentation to: financialassistance@gscymca.org

The process is completely confidential and typically takes 2-4 weeks. You will be notified by email once a decision has been made.

If you have any questions, please don't hesitate to reach out – we're here to help.

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

SECTION 1: APPLICANTS CURRENTLY RECEIVING GOVERNMENTAL ASSISTANCE*

- Financial Assistance Application: Parts 1-5 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.

*Government assistance includes but is not limited to NORWESCAP, Office for Children, 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 all pay stubs received in the last 2 months 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.

The Y is committed to protecting your privacy in compliance with the NJ Data Privacy Act. For more details, visit gscymca.org/privacy-policy. Please do not submit original documents. Only copies will be accepted.

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 2-4 weeks.
- You will be notified by email once a decision has been made.

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 _____
 E-mail _____ Phone _____ New or Renewal Application _____

PART 3: MEMBERSHIP CATEGORY REQUESTED

Family Youth Young Adult Single Parent Family Adult Teen

PART 4: YMCA PROGRAMS REQUESTED

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

PART 5: HOUSEHOLD INFORMATION

Number of adults contributing to household income: _____

Adult 1 Name _____	Date of Birth _____
E-mail _____	Phone _____
Adult 2 Name _____	Date of Birth _____
E-mail _____	Phone _____
Adult 3 Name _____	Date of Birth _____
E-mail _____	Phone _____

Number of children: _____

Child 1 _____	Date of Birth _____	Relation _____
Child 2 _____	Date of Birth _____	Relation _____
Child 3 _____	Date of Birth _____	Relation _____
Child 4 _____	Date of Birth _____	Relation _____

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

Work hours

Employment Status: Full Time Part Time Self-employed Unemployed Disabled Retired

Is your Payroll: Weekly Biweekly Semimonthly Monthly

PART 7: GROSS* TOTAL MONTHLY INCOME

Gross Monthly Income From Your Job \$ _____

Other Household Adult's Gross Monthly Income \$ _____

Business Income \$ _____

State-Fed Aid/TANF/SSI/DDD \$ _____

Unemployment \$ _____

Child Support Income \$ _____

Other Income \$ _____

Total Monthly Gross Income \$ _____

*Gross income is the sum of all wages, salaries, profits, interest payments, rents, and other forms of earnings, before any deductions or taxes (not 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

Printed Name

Date

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

PRIVACY NOTICE

Effective Date: January 15, 2025

By providing the information requested on this form, you are giving explicit consent for Greater Somerset County YMCA to collect, process, and store your personal data for the purposes outlined in our Privacy Policy. For more information, please refer to our Privacy Policy at [gscymca.org/privacy-policy](https://www.gscymca.org/privacy-policy) or contact us at privacy@gscymca.org.

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

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 [gscymca](https://www.instagram.com/gscymca)

[gscymca.org](https://www.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.