



# FINANCIAL ASSISTANCE APPLICATION

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

The West Morris Area YMCA is here for all regardless of the ability to pay. We are dedicated to helping our community have access to our facilities and programs. The Y strives to make programs and services more affordable for everyone. Through our Annual Campaign, qualifying families and individuals can receive membership and programs at reduced rates.

**Max Amount of Financial Aid Given: 50%**

**ALL FORMS ARE DUE BY THE 15<sup>TH</sup> OF EACH MONTH TO BE REVIEWED THAT MONTH.**

**ALL APPLICATIONS, FORMS AND DOCUMENTS CAN BE HANDED INTO THE WELCOME CENTER OR EMAIL TO [debbie@wmaymca.org](mailto:debbie@wmaymca.org)**

**Option #1 - FAST PASS VERIFICATION** Fill out part A, B, and submit Notice of Approval from list of Accepted Documents and a current W2 form. Applicants receiving aid from county or state agencies have already undergone a thorough income verification process. We will accept the following for verification:

TYPE	ACCEPTED DOCUMENT
WFNJ/TANF OR WFNJ/GA	Notice of Approval
NJ Foster Parent/Kinship Care	Notice of Approval
NJ Family care/Medicaid	Notice of Approval
Free of Reduced Lunch Program	Notice of Approval

### Option #2 - FULL APPLICATION VERIFICATION

Fill out the entire application (Part A, Part B, and Part C) and provide requested documentation for verification of need.

#### PART A:

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary (Home or Cell) Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

\*If applicant does not have a stable address, you may list the phone number and mailing address of a friend or relative.

E-mail address \_\_\_\_\_

Please supply dependent information below:

NAME	DATE OF BIRTH	RELATIONSHIP	MEMBERSHIP OR PROGRAM TYPE

#### PART B:

Employer: \_\_\_\_\_ Part Time / Full Time

Spouse's Employer: \_\_\_\_\_ Part Time / Full Time

Father's Employer (If applicant is under 18): \_\_\_\_\_ Part Time / Full Time

Mother's Employer (If applicant is under 18): \_\_\_\_\_ Part Time / Full Time

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

### PART C:

MONTHLY INCOME		Amount	MONTHLY EXPENSES		Amount
Gross Wages			Rent or Mortgage		
Social Security			Real Estate Taxes		
Rent Assistance			Heat		
Alimony			Electric		
Child Support			Water/Sewer		
Food Stamps			Garbage		
Tips			Telephone		
Disability* (Doctor's Note Required)			Cell Phone		
Temporary			Cable		
Permanent			Internet		
Other			Food & Household		
<b>TOTAL INCOME</b>			Clothing		
			Medical & Dental		
			Camps		
			Child Care & Babysitting		
			Alcohol & Tobacco		
			Auto Payment		
			Auto Insurance		
			Gas		
			Other (please explain)		
			<b>TOTAL EXPENSES</b>		
Net Monthly Cash Flow -- -- (Income – Expenses) = \$ _____					

ASSETS		Amount	LIABILITIES		Amount
Savings Account			Mortgage		
Checking Account			Car Loan		
Auto			Credit Cards		
Stocks & Bonds			Personal Loans		
Home			<b>TOTAL LIABILITIES</b>		
<b>TOTAL ASSETS</b>					
Monthly Net Worth -- -- (Assets – Liabilities) = \$ _____					

Percentage of Scholarship requested \_\_\_\_\_%

Please explain your financial situation and why you need a scholarship:

\_\_\_\_\_

\_\_\_\_\_

For Option 2: Full application verification, please include a copy of your most recent 1040 Federal Tax Return, W-2 Form, two most recent pay stubs, lease or mortgage statement, proof of child support or alimony, Social Security and disability payments.

**NO APPLICATION WILL BE PROCESSED UNLESS IT IS COMPLETE AND ALL DOCUMENTS ARE ATTACHED.**

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