



# 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. Please allow up to 2 weeks for financial committee to review documents. You will be contacted via email once application has been reviewed. FOR SUMMER CAMP, PLEASE USE OPTION 2. OPTION 1 DOES NOT APPLY TO SUMMER CAMP.**

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-Copy must be provided.
NJ Foster Parent/Kinship Care	Notice of Approval-Copy must be provided.
NJ Family Care/Medicaid	Notice of Approval-Copy must be provided.
Free of Reduced Lunch Program	Notice of Approval-Copy must be provided.

## 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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