



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Hartford FINANCIAL ASSISTANCE APPLICATION

First Name: _____ MI: _____ Last Name: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Email Address: _____ Preferred Phone: _____ Birth date: _____

Employer Name: _____

Employer Address: _____

Town/City: _____ State: _____ Zip Code: _____

Job Title: _____ Business Phone: _____

Spouse/Partner Name: _____ MI: _____ Last Name: _____

Employer Name: _____

Employer Address: _____

Town/City: _____ State: _____ Zip Code: _____

Job Title: _____ Business Phone: _____

Number of Dependent Children: _____

Name: _____ Birth date: _____ Name: _____ Birth date: _____

Name: _____ Birth date: _____ Name: _____ Birth date: _____

Name: _____ Birth date: _____ Name: _____ Birth date: _____

Financial Assistance is Requested For:

Membership Programs Child Care Camp Other

Other Information

Your Gross Annual Salary: \$ _____ Spouse/Partner's Gross Annual Salary: \$ _____

Other Income (list source & amount): _____

Housing: Own Rent Monthly Mortgage/Rent: _____

Do you receive a housing subsidy? Yes No Amount per Month: \$ _____

Please list any special circumstances that affect your reason for need: _____

To qualify for financial assistance, you must submit the following documents within 2 weeks of application:

- Your most recently filed tax return
- Two current paycheck stubs or other proof of your current combined total income
- Proof of any other income - i.e. child support, social security benefits, etc.

The information listed on this form is correct to the best of my knowledge. I understand that if I do not provide the required documentation within 2 weeks, my membership rate will revert to the full fee. I understand that I must re-apply for financial assistance every 12 months from the date of this application. If I do not re-apply for financial assistance, my fees will revert the full published rate.

Applicant Signature: _____ Date: _____

YMCA of Greater Hartford Staff to Complete this Section

| | |
|-----------------------------|------------------------------------|
| Member Account Number _____ | Branch _____ |
| Percent of Subsidy _____ | Begin Date _____ Review Date _____ |
| Approved By _____ | Date Entered _____ |