



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## West Hartford & Tri-Town YMCA FINANCIAL ASSISTANCE APPLICATION

### HOW TO APPLY AND WHAT TO EXPECT

**In order to apply for Financial Assistance, you must supply the YMCA with the following:**

1. Completed YMCA Financial Assistance Application.

Please attach:

- A copy of your 2019 1040 Tax Return Form. Please note if you are unable to supply a tax return we must receive proof of non-filing status. You may call the IRS at 1-800-829-1040 to request this.
- Two consecutive pay stubs for each income-earning member of the household.
- Proof of public assistance if applicable.

2. Each family applying for Financial Assistance is required to apply for Care 4 Kids.

Go to [www.ctcare4kids.com](http://www.ctcare4kids.com)—print & complete the Care 4 Kids application and the Provider Agreement forms located on their website. These completed forms must accompany all the other required paperwork when you apply, we cannot start the review process without them.

#### Check list

*To qualify for financial assistance, you must submit these documents*

- Financial Assistance Application
- 2019 1040 Tax Returns
- Two Most Current Paystubs
- Proof of any other income (i.e. child support, social security benefits, etc.)
- Care4Kids Application
- Care4Kids Parent Agreement Form

ALL APPLICATIONS MUST BE 100% COMPLETE, WITH ALL APPLICABLE ATTACHMENTS OR YOUR APPLICATION WILL BE DENIED AND RETURNED.

#### Approval and Payment Process

You will receive an approval or denial letter within 14 days of receipt of application. You **MUST** return signed copy of this letter by the date indicated in order to accept your scholarship. If the letter is not returned, your financial assistance will be cancelled and given away to another participant.

If you decline the scholarship and wish to terminate the enrollment in our program, please contact the West Hartford YMCA **IN WRITING** via email at [lyne.anderson@ghymca.org](mailto:lyne.anderson@ghymca.org) or mail the letter to the YMCA administration offices.

#### West Hartford & Tri-Town YMCA

Administrative Offices

12 North Main Street West Hartford, CT 06107

860-521-5830 – fax: 860-313-5060



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# 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 _____