



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## Y for All Assistance Program Information

The Meadowlands Area YMCA is committed to helping our community to flourish as strong families and strong individuals. We want to provide all with the opportunity to participate in the enriching programs and services available at the YMCA. Attached, you will find all the information needed to begin your application process for the Meadowlands Area YMCA Y for All Assistance Program.

Assistance is available to anyone who lives or works within the Meadowlands Area YMCA service area that can provide proof of financial need; whether it is due to low income, recent unemployment or downsizing, disability, divorce, etc.

For the purpose of the Y for All Assistance Program; applicant income must include all sources of cash income, including wages, salaries, bonuses, Social Security, government assistance, unemployment or disability compensation, pensions, retirement plans, child support, alimony, etc. The income of the applicant, as well as that of all other adults residing in your household, must be reported. The YMCA believes that a sense of ownership and pride is developed when a member contributes to the cost of their YMCA involvement therefore all applicants will be asked to pay a portion of the fee for the requested service. There is no financial aid program that covers 100% of the YMCA membership.

To assess need, we must have a complete picture of the financial situation and require copies of the following documents:

\_\_\_\_ Copy of 1040 Federal Tax Return for past 2 years, including W-2 forms. If you have not filed your taxes, you must obtain a letter from the IRS stating that you are a non-filer. This can be obtained by calling 1-800-829-8374 and following the prompts, or on their website: [www.irs.gov](http://www.irs.gov). Do NOT give originals of tax returns as it will not be returned.

\_\_\_\_ Copy of 2 most recent pay stubs. (Within the last 45 days, and must be just prior to when applicant signed application and must be consecutive, no skipped weeks or pay periods) OR the most recent yearly Social Security Benefit Statement for all members of the household.

\_\_\_\_ If no W-2 is available, a letter from your place of employment on company letterhead stating salary, average number of hours working per week, and how long you have been employed with this company is an alternative option. Letter must include name, title and phone number of the person providing the information. (Employer may be contacted, and information verified.)

\_\_\_\_ Copy of any court ordered Child Support and/or Alimony for all children in the household.

\_\_\_\_ Unemployment Insurance Benefits, other State/Federal aid, proof of other income.

\_\_\_\_ Copy of Lease or Mortgage Statement, Housing Assistance document or notarized letter from Landlord (letter must state location of residence and monthly rent amount and include the landlord's name, address and phone number). Landlord may be contacted.

\_\_\_\_ Last 2 months of checking and savings account statements.

\_\_\_\_ Letter stating the need for financial assistance and a list of all monthly expenses (proof of expenses may be required.) The letter should include any special circumstances that may be occurring (including layoff, medical, recent family separation and job change).

\_\_\_\_ If parent/guardian is a college student, copy of school transcripts showing that you are enrolled in school during the time that you are requesting child care financial assistance. A copy of your school schedule must be submitted to us and updated during the course of the year or your financial assistance may be rescinded. Eligibility for financial assistance changes with any change in student status. It is your responsibility to inform the Financial assistance Department of any changes.

We reserve the right to ask for additional information if we see fit.

Once all the documentation has been received, your request will be reviewed, and all documentation will be verified by our Y for All assistance committee. You will be notified of our determination by mail. The process may take up to two weeks to complete. Applications are always accepted but are subject to the availability of funds at the time your application is reviewed.

Once approved, you will have 30 days to activate/register for membership or programs. The length of the award depends on both your circumstances and specific program term. Depending on the situation, separate awards may be given for different participation, be restricted to specific programs or given a shorter term. Awards are not automatically renewed. Y for All participants must re-apply prior to the renewal date to avoid lapse in membership/program. Renewals are sent 30 days prior to the award expiration date.

Recipients may lose their eligibility for assistance if; co-payments to the Y are not current; the family's income exceeds the limits; information provided is found to be false/incomplete; renewal of membership and/or renewal application is not received in a timely manner; or updated eligibility is not received.



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**Y for All Application Form**

**PLEASE READ CAREFULLY:**

The YMCA is committed to serving people of all ages, races, religions and economy levels. All information is kept confidential and will not be used for any other purposes. Please print clearly and complete all information on this form. All documents on cover letter must be submitted with the application in order to be considered for the Y for All Financial Assistance Program.

Print Name : \_\_\_\_\_  
 Marital Status (circle one): | Married | Single | Separated | Widowed | Partnership | Divorced      How Long? \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Number of Adults in Household: \_\_\_\_\_ Number of Children in Household: \_\_\_\_\_ Total Family Size: \_\_\_\_\_  
 Requesting Assistance for which program? \_\_\_\_\_

List all additional members of household:

<u>Name:</u>	<u>Relationship</u>	<u>Birth date</u>	<u>Age</u>
_____	_____	____/____/____	____
_____	_____	____/____/____	____
_____	_____	____/____/____	____
_____	_____	____/____/____	____
_____	_____	____/____/____	____

Use separate paper for additional household members.

Household Income: Please note that all household income must be reported and must be accompanied by current documents. These include tax forms from the previous 2 years, or if not available, a letter from place of employment stating salary and hours and a copy of 2 recent pay stubs must be provided in all cases. See list for additional documentation required. For all other sources of income, please enclose document that indicates what is paid annually.

<b>Name:</b>						
<b>Social Security Number:</b>						
	Applicant or Parent/Guardian Current Income			Additional Family Member Current Income		
	Week	Month	Year	Week	Month	Year
Wages and Salary Gross:						
Pensions, Retirement, Social Security Benefits						
Unemployment, Workmen's Compensation						
Public Assistance (ie:AFDC)						
Child Support, Alimony						
Other:						
<b>Total Income:</b>						

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Meadowlands Area YMCA  
 390 Murray Hill Parkway  
 East Rutherford, NJ 07073  
 (201) 955-5300; Fax (201) 955-2055      YMCAinfo.org

Household Employer, School, Training information. For additional information, use separate piece of paper.

<b>Primary Employer/School/Training</b>	<b>APPLICANT or PARENT/GUARDIAN</b>	<b>ADDITIONAL HOUSEHOLD MEMBER</b>
Complete address (St., City, State, Zip)		
Telephone Number	(    )	(    )
Check one and enter starting date (Mo./Day/Year)	___ Work ___ Training ___ School Start Date: ____/____/____	___ Work ___ Training ___ School Start Date: ____/____/____
Check one. Enter the number of hours/weeks or number of months/year	___ Full Time _____ #Hrs/Wk ___ Part Time _____ #Hrs/Wk ___ Seasonal ___ # Hrs/Wk ___ # Hrs/Yr ____	___ Full Time _____ #Hrs/Wk ___ Part Time _____ #Hrs/Wk ___ Seasonal ___ # Hrs/Wk ___ # Hrs/Yr ____
<b>Secondary Employer/School/Training</b>	<b>APPLICANT or PARENT/GUARDIAN</b>	<b>ADDITIONAL HOUSEHOLD MEMBER</b>
Complete address (St., City, State, Zip)		
Telephone Number	(    )	(    )
Check one and enter starting date (Mo./Day/Year)	___ Work ___ Training ___ School Start Date: ____/____/____	___ Work ___ Training ___ School Start Date: ____/____/____
Check one. Enter the number of hours/weeks or number of months/year	___ Full Time _____ #Hrs/Wk ___ Part Time _____ #Hrs/Wk ___ Seasonal ___ # Hrs/Wk ___ # Hrs/Yr ____	___ Full Time _____ #Hrs/Wk ___ Part Time _____ #Hrs/Wk ___ Seasonal ___ # Hrs/Wk ___ # Hrs/Yr ____

If you are not able to provide any of the documentation requested on page 1, please clearly state the reason why. \_\_\_\_\_

Do the income verification documents indicate your current financial situation?    YES    NO    If not, please explain.

Have you received assistance from the YMCA before?    YES    NO    If YES, when? \_\_\_\_\_

Would you be willing/able to volunteer your time to do some work for the YMCA? (8-10 hours per month)    YES    NO    YES, BUT LIMITED

In completing this application, I certify that the information supplied herein is true, accurate and complete to the best of my knowledge.

I am also aware that it is my responsibility to notify the Meadowlands Area YMCA in writing, of any changes in information supplied to this application (ie. Income, address, living arrangements, financial situation, etc.).

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attach all required documentation to this application in order to be considered.

Submit to: Jane Hansen - [jhansen@meadowlandsymca.org](mailto:jhansen@meadowlandsymca.org) | (201) 955-5300 ext. 223

Revised 1/2020