

Ridgewood YMCA
MEMBERSHIP FOR ALL
Financial Assistance Application Form

Please complete in **full** this application, **attach all necessary documents** (photocopies only) and return to:
Megan Heller, Ridgewood YMCA, 112 Oak Street, Ridgewood, NJ 07450-2596

Date of application: _____ Email address: _____

Name: _____ Home phone: _____

Address: _____ Cell phone: _____

City: _____ State: _____ Employer: _____

Zip Code: _____ DOB: _____ Phone #: _____

Marital status: _____ How long: _____

List names, ages and relationship of EVERYONE (related and not-related) living in household.

Spouse/Child(ren)s Name	Age	School/Employer	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This request is financial assistance is for:

Name: _____

Membership: Full _____ Swim _____ or Program Enrollment _____

Please indicate the total dollar amount you are able to contribute toward:

Membership / Program Enrollment Fee: _____ Circle: Annually or Monthly

Program per Session: _____



FINANCIAL INFORMATION

Application must include a copy of: Most current W2 and Internal Revenue Service Tax Statement, your SSI allocation statement and documents from the list below to verify your annual earnings.

Also, a letter stating your reason for this request for assistance must accompany this application.

Your application will be returned to you unless all information is provided

Please itemize your annual income and expense items

Income:

- | | |
|--|----------|
| 1. Wage, salaries, and tips | \$ _____ |
| 2. Unemployment/Workmen's compensation | \$ _____ |
| 3. Social Security compensation | \$ _____ |
| 4. Aid to Dependent Children | \$ _____ |
| 5. Food Stamps | \$ _____ |
| 6. 401K/Retirement Funds | \$ _____ |
| 7. Alimony/Child Support | \$ _____ |
| 8. Public Assistance (see below)* | \$ _____ |
| 9. Other (explain) | \$ _____ |

Total 2019 anticipated income from all sources \$ _____

*Agency name: _____ Phone: _____

Caseworker name: _____ Extension: _____

Expenses:

- | | |
|----------------------------------|----------|
| 1. Monthly rent/mortgage payment | \$ _____ |
| 2. Medical | \$ _____ |
| 3. Alimony/Child Support | \$ _____ |
| 4. Other (Loans explain) | \$ _____ |

Please Initial Once Read:

_____ I hereby certify that the information provided in this application is complete and accurate.

_____ I understand that assistance is offered through donations made to the Ridgewood YMCA.

Signature: _____ Date: _____

