

# Ridgewood YMCA 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: Program \_\_\_\_\_ Swim \_\_\_\_\_ Triangle \_\_\_\_\_

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

Membership: \_\_\_\_\_ Circle: Annually or Monthly

Class per Session: \_\_\_\_\_



## FINANCIAL INFORMATION

Application must include a copy of: 2016 W2 and Internal Revenue Service Tax Statement, your SSI allocation statement and any other documents from the list below to verify your annual earnings.

Also, a letter stating your reason for this request for financial 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 2017 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: \_\_\_\_\_

