



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HERE FOR ALL HERE FOR GOOD

Dear Neighbor,

At the Y, we believe that everyone deserves the opportunity to reach their full potential. Our commitment to strengthening community by connecting people to their potential, purpose, and each other begins with ensuring that everyone has access to the resources and opportunities to thrive.

The YMCA of Montclair is proud to be able to provide direct financial assistance to our neighbors – made possible through the generosity of our Y's Annual Campaign donors, community partners, and proceeds from special fundraising events. Our Financial Assistance Program is available to anyone who meets the financial guidelines of the Program, lives in our service area, and has the desire to participate in YMCA programs or services.

Applying is easy. Please follow the instructions in the Financial Assistance Checklist, fill out the application, and attach all required supporting documentation.

The process is confidential and will be completed within 2 weeks of receipt of your application. You will be notified by email or phone once a decision has been made. If you have any questions, please reach out and we will be happy to assist you.

Sincerely,

Buddy Evans, President & CEO

YMCA OF MONTCLAIR FINANCIAL ASSISTANCE CHECKLIST

The YMCA of Montclair provides financial assistance to individuals and families living within the following service area towns: Bloomfield, Bloomingdale, Clifton, Cedar Grove, Glen Ridge, Haskell, Hewitt, Montclair, Verona, Wanaque, and West Milford.

The Y respects your privacy and security. We will not share your personal information with third parties. We only accept **copies** of original documents. Please block out all social security numbers, tax ID numbers and/or credit card numbers before submitting paperwork. If you need assistance in making copies of your documentation, please contact the Welcome Center at our Park Street YMCA.

For help completing the application call 973-415-6122 or jrose@montclairymca.org.

FOR APPLICANTS CURRENTLY RECEIVING GOVERNMENT ASSISTANCE*	
<input type="checkbox"/>	Financial Assistance Application completed in full; signed and dated.
<input type="checkbox"/>	Proof of Residency (e.g., utility bill, driver's license, lease/mortgage statement).
<input type="checkbox"/>	A written statement explaining why you are applying for financial assistance with the YMCA OF MONTCLAIR.
<input type="checkbox"/>	Copy of a recent statement, explanation of benefits, or other dated documentation showing you are currently an active recipient of local, state, or federal subsidies.
	*Government assistance includes but is not limited to NJ Care for Kids, SSI, SDI, NJ Family Care, Medicaid, Section 8 Housing Assistance, NJ SNAP, WIC, reduced or free school lunch, and TANF/ WFNJ.

FOR ALL OTHER APPLICANTS: PRIMARY AND SECOND ADULT	
<input type="checkbox"/>	Financial Assistance Application completed in full; signed and dated.
<input type="checkbox"/>	Proof of Residency (e.g., utility bill, driver's license, lease/mortgage statement).
<input type="checkbox"/>	A written statement explaining why you are applying for financial assistance with the YMCA OF MONTCLAIR.
<input type="checkbox"/>	Copy of last year's Federal Tax Return (1040, 1040EZ pages 1 and 2 only) OR 4506-T Form for primary and secondary adults.
<input type="checkbox"/>	Copy of 2 most recent months' pay stubs. If not available, please contact us OR Copy of recent Unemployment Insurance Benefits, Social Security Benefits, etc.

NEXT STEPS	
<ul style="list-style-type: none"> • Please either drop off your completed application with all required documentation to Attn: Financial Assistance Program YMCA of Montclair, 25 Park Street, Montclair, NJ 07042 OR email all files to jrose@montclairymca.org. • When all documentation is received, your application will be processed within 2 weeks. • You will be notified by email or phone once a decision has been made. Assistance is awarded on an annual basis and reviewed for renewal if requested. 	

YMCA OF MONTCLAIR FINANCIAL ASSISTANCE APPLICATION

PART 1: PRIMARY APPLICANT INFORMATION

Name:	Date of Birth:
Address:	
City, State & Zip Code:	Phone:
Email:	

PART 2: SECOND ADULT RESIDING IN HOUSEHOLD

Name:	Date of Birth:
Email:	Phone:

PART 3: HOUSEHOLD INFORMATION This includes any child or adult currently living in the household.

Number of adults:	Number of children:	Total family size:
Name:	Date of Birth:	Relation:
Name:	Date of Birth:	Relation:
Name:	Date of Birth:	Relation:
Name:	Date of Birth:	Relation:
Name:	Date of Birth:	Relation:
Name:	Date of Birth:	Relation:

PART 4: MEMBERSHIP CATEGORY REQUESTED

<input type="checkbox"/> Family <input type="checkbox"/> Adult <input type="checkbox"/> Young Adult <input type="checkbox"/> Teen <input type="checkbox"/> Youth <input type="checkbox"/> Unsure
--

PART 5: FINANCIAL INFORMATION Income is the sum of all wages, salaries, profits, interest payments, rents, and other forms of earnings, before any deductions or taxes.

Primary Applicant: Last Year's Total Annual Income from all sources	\$
Second Adult Applicant: Last Year's Total Annual Income from all sources	\$
TOTAL LAST YEAR'S INCOME	\$

PART 6: EMPLOYMENT INFORMATION		
Primary Applicant's Employer:		
Employer's Address:	City:	State:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired		
Second Adult's Employer:		
Employer's Address:	City:	State:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired		

The information listed on this form is correct and true. I understand the YMCA of Montclair will verify income and other personal information as reported on the attached documents. Additionally, I understand that the YMCA of Montclair may ask for further verification of personal and financial information. Applicants who didn't file a tax return will be asked to sign the IRS 4506-T to verify non-filing and give YMCA authorization to confirm. In signing below, I attest that the information is accurate to the best of my knowledge.

Applicant Signature:	Date:
Printed Name:	

NEXT STEPS Please return your completed application with documentation to jrose@montclairymca.org or drop off at Attn: Financial Assistance Program, YMCA of Montclair, 25 Park Street, Montclair, NJ 07042.

APPLICATION WILL NOT BE REVIEWED UNLESS FULLY COMPLETED AND SUBMITTED WITH ALL REQUIRED DOCUMENTATION

YMCA OF MONTCLAIR
 25 Park Street, Montclair, NJ 07042 | 973-744-3400
 Since 1891, the YMCA of Montclair works to empower young people, improve health and well-being, and inspire action in and across our community. For information about YMCA of Montclair and financial assistance, visit us at www.montclairymca.org/financial-assistance

OFFICE USE ONLY	
Date Received:	Award Amount %:
Date Awarded:	Membership Type:
Acceptance By:	