



NEW CANAAN YMCA

FINANCIAL ASSISTANCE APPLICATION

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

The New Canaan YMCA strives to serve everyone in our community, regardless of individual economic circumstances.

How To Apply:

1. Complete the attached New Canaan YMCA "Membership Financial Assistance Application."
2. **Copies** of the following income verification for *all* working adults in the household must be attached to the application:
your most recent federal income tax return filed (complete copy of IRS Form 1040);
your W-2 and/or 1099 forms;
three of the most recent pay stubs from *all* employers. If self-employed, three of your most recent bank statements.

NOTE: THE APPLICATION WILL NOT BE REVIEWED UNLESS ALL SECTIONS ARE COMPLETED AND THE NOTED INCOME VERIFICATION IS SUBMITTED.

3. Submit the application and income verification to:
Diana Riolo, Financial Assistance Administrator
By mail: New Canaan YMCA, 564 South Avenue, New Canaan, CT 06840; or,
By email: driolo@newcanaanymca.org; or
By fax: (203) 972-7738
Direct Phone: (203) 920-1653 or Main Phone: (203) 966-4528 ext. 185
4. Upon receipt, you will be contacted within fifteen working days to discuss the application. If necessary, additional income verification may be requested. Incomplete applications will be delayed.

Once Approved:

Diana Riolo will notify you by email and arrangements will be made for you to sign the financial assistance approval documents for the membership year and make payment to activate/renew your membership.

To register for future classes/programs with financial assistance, you will need to contact Diana Riolo. Registration for classes/programs occurs only when payment is processed. Payment plans are not available.

New applications need to be submitted annually for membership renewals.

The New Canaan YMCA Financial Assistance is made possible through the generous contributions of organizations and individuals during our Annual Support Campaign.



NEW CANAAN YMCA FINANCIAL ASSISTANCE APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

NUMBER OF PERSONS IN HOUSEHOLD: **ADULTS** _____ **CHILDREN** _____

DEPENDENT CHILDREN/ADULTS:

APPLICANT'S NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

ARE YOU CURRENTLY EMPLOYED? _____ **HOW LONG?** _____

OCCUPATION / POSITION: _____ **FULL TIME** **PART TIME**

COMPANY NAME: _____

SUPERVISOR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____

(IF MORE THAN ONE EMPLOYER, PLEASE LIST ADDITIONAL EMPLOYERS ON LAST PAGE OF APPLICATION.)

IS YOUR SPOUSE/PARTNER CURRENTLY EMPLOYED? _____ **HOW LONG?** _____

OCCUPATION / POSITION: _____ **FULL TIME** **PART TIME**

COMPANY NAME: _____

SUPERVISOR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

ANNUAL HOUSEHOLD INCOME: _____ *

*TOTAL FAMILY INCOME MUST BE VERIFIED ANNUALLY.

A COMPLETE COPY OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN, W-2 AND/OR 1099 DOCUMENTS AND THREE OF THE MOST RECENT PAY STUBS FOR ALL WORKING ADULTS IN THE HOUSEHOLD MUST BE INCLUDED WITH THIS APPLICATION.

MONTHLY INCOME FROM ALL ADULTS IN HOUSEHOLD

| | <u>ADULT/PARENT 1</u> | <u>ADULT/PARENT 2</u> |
|---|-----------------------|-----------------------|
| GROSS EARNINGS: | | |
| SALARY/WAGES | _____ | _____ |
| COMMISSIONS/TIPS/CASH | _____ | _____ |
| UNEMPLOYMENT | _____ | _____ |
| SOCIAL SECURITY | _____ | _____ |
| DISABILITY | _____ | _____ |
| PENSION/TRUST | _____ | _____ |
| IS A BONUS EXPECTED THIS YEAR? _____ IF SO, APPROXIMATE AMOUNT? _____ | | |
| ALIMONY: | _____ | _____ |
| PUBLIC ASSISTANCE: | | |
| SUPPLEMENTAL SECURITY INCOME (SSI) | _____ | _____ |
| TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) | _____ | _____ |
| FOOD STAMPS | _____ | _____ |
| HOUSING | _____ | _____ |
| UTILITIES | _____ | _____ |
| OTHER | _____ | _____ |
| OTHER INCOME: | | |
| RENTAL PROPERTY | _____ | _____ |
| INVESTMENTS | _____ | _____ |
| OTHER | _____ | _____ |

WITH WHOM IS/ARE THE CHILD/REN LIVING: BOTH PARENTS MOTHER FATHER GUARDIAN

ARE YOU CURRENTLY RECEIVING CHILD SUPPORT? YES NO **IF YES, MONTHLY AMOUNT?** _____

IF NO, SUPPORTING DOCUMENTATION MUST ACCOMPANY APPLICATION. IF NO DOCUMENTATION AVAILABLE, NON-CUSTODIAL'S INCOME VERIFICATION MUST ALSO BE SUBMITTED WITH APPLICATION.

ARE ANY OF YOUR LIVING EXPENSES (HOME, RENT, CARS, ETC.) PAID OR SHARED BY ANOTHER SUCH AS A RELATIVE, FRIEND, PARTNER, ROOMMATE, EMPLOYER, BUSINESS OR OTHER? PLEASE LIST:

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

ASSETS

| | <u>ADULT/PARENT 1</u> | <u>ADULT/PARENT 2</u> |
|---|-----------------------|-----------------------|
| CASH ON HAND | _____ | _____ |
| CASH IN CHECKING | _____ | _____ |
| CASH IN BANK OR CREDIT UNION SAVINGS ACCOUNT | _____ | _____ |
| MONEY MARKET ACCOUNTS | _____ | _____ |
| CURRENT VALUE OF 401(K) PLAN OR SIMILAR | | |
| RETIREMENT ACCOUNT | _____ | _____ |
| INDIVIDUAL RETIREMENT ACCOUNT (IRS, ROTH IRA) | _____ | _____ |

REAL ESTATE:

1) ADDRESS: _____ CITY: _____
ESTIMATED VALUE: \$ _____ EQUITY: \$ _____
MORTGAGE: \$ _____ YEAR OF PURCHASE: _____

2) ADDRESS: _____ CITY: _____
ESTIMATED VALUE: \$ _____ EQUITY: \$ _____
MORTGAGE: \$ _____ YEAR OF PURCHASE: _____

MOTOR VEHICLES:

1) YEAR: _____ MAKE/MODEL: _____
MONTHLY PAYMENT AMOUNT: \$ _____ OWN OR LEASE: _____

2) YEAR: _____ MAKE/MODEL: _____
MONTHLY PAYMENT AMOUNT: \$ _____ OWN OR LEASE: _____

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

ARE YOU OR YOUR SPOUSE/PARTNER CURRENTLY ENROLLED IN SCHOOL? YES NO

IF YES, PLEASE CHECK FULL TIME PART TIME ARE YOU RECEIVING FINANCIAL ASSISTANCE YES NO

IF YOU WISH, PLEASE COMMENT BELOW ON EXTENUATING CIRCUMSTANCES WHICH CONTRIBUTE TO YOUR NEED FOR ASSISTANCE SUCH AS MAJOR MEDICAL EXPENSES, LOSS OF JOB, DISABILITY, ETC. (SUPPORTING DOCUMENTATION MAY BE REQUESTED):

Please use last page of application if more space is needed.

PLEASE LIST BELOW THE NAME OF AN UNRELATED PERSON, SUCH AS A TEACHER, PASTOR, SOCIAL WORKER, ETC., WHO IS KNOWLEDGEABLE OF YOUR FINANCIAL SITUATION. THE YMCA MAY CONTACT THIS PERSON AS A REFERENCE IN REGARD TO THIS APPLICATION.

NAME: _____ POSITION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

MEMBERSHIP TYPE FOR WHICH ASSISTANCE IS REQUESTED (PLEASE CHECK INTEREST/S):

- YOUTH (0-14) SUMMER YOUTH (Camper) YOUNG ADULT (15-25) ADULT (26-64)
- FAMILY – 1 ADULT FAMILY – 2 ADULTS FAMILY – 3 ADULTS FAMILY – 4 ADULTS
- (Family Memberships – include Adults living in the same household and all dependents under the age of 26)
- SR ADULT (65+) SR COUPLE (Both 65+)

ACTUAL COST: _____

THE BALANCE DUE FOR THE MEMBERSHIP AFTER SUBSIDY MAY BE PAID ANNUALLY OR QUARTERLY. CHOOSE ONE METHOD AND INDICATE THE MAXIMUM AMOUNT YOU COULD PAY USING THAT METHOD.

\$ _____ ANNUALLY; \$ _____ QUARTERLY (NOT AVAILABLE ON YOUTH, SUMMER YOUTH & YOUNG ADULT MEMBERSHIPS)

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

HOW WILL PARTICIPATION AT THE NEW CANAAN YMCA BENEFIT YOU OR YOUR FAMILY? _

IF YOU ARE A CURRENT FINANCIAL ASSISTANCE RECIPIENT OR HAVE RECEIVED ASSISTANCE IN THE PAST, PLEASE DESCRIBE HOW YOU HAVE BENEFITTED FROM THE Y'S FINANCIAL ASSISTANCE PROGRAM. PLEASE BE AWARE, THIS TESTIMONIAL MAY BE USED ANONYMOUSLY IN PRINTED MATERIALS OR BE MADE AVAILABLE TO DONORS.

BY COMPLETING THIS APPLICATION AND SIGNING IT, I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN AND THE SUPPORTING DOCUMENTS SUBMITTED ARE TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO INFORM THE NEW CANAAN YMCA IMMEDIATELY OF ANY CHANGE IN MY HOUSEHOLD INCOME. I UNDERSTAND THAT I MAY LOSE ALL NEW CANAAN YMCA PRIVILEGES FOR FALSE OR INCOMPLETE INFORMATION. I UNDERSTAND THAT THIS APPLICATION EXPIRES ANNUALLY AND I MUST REAPPLY TO CONTINUE RECEIVING ASSISTANCE.

SIGNATURE: _____ DATE: _____

Required Documentation (to be kept on file; therefore, please submit COPIES. Copies are not made at the New Canaan YMCA.):

Completed all sections of this application

Copy of Federal Income Tax Return (Form 1040)

Copy(ies) of W-2(s) and/or 1099(s)

Copies of Last Three Pay Stubs (or last three bank statements if self-employed)

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

PLEASE USE THIS ADDITIONAL SPACE IF NEEDED TO COMPLETE SECTIONS ON APPLICATION OR FOR ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE:



MEMBERSHIP INFORMATION

Primary Customer (must be 18+ years):

| | | | | |
|------------------------------|--------------------------|----------------------|-----------------------------|---------------|
| FIRST NAME: | LAST NAME: | GENDER: | MALE | FEMALE |
| _____ | _____ | | | |
| STREET: _____ | CITY/STATE: _____ | Zip: ____ | DATE OF BIRTH: _____ | |
| HOME PHONE: _____ | CELL: _____ | E-MAIL: _____ | | |

Membership Category: ADULT SENIOR YOUNG ADULT FAMILY YOUTH

Member(s) Information:

| <u>FIRST</u> | <u>LAST</u> | <u>GENDER</u> | <u>DATE OF BIRTH</u> |
|--------------|-------------|---------------|----------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |

Emergency Information / Medical Concerns:

Emergency Contact: **Name:** _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Medical Concerns: _____

(over)

ACKNOWLEDGEMENT

MONTHLY MEMBERSHIP FEE

Primary customer gives permission to withdraw the monthly membership fee from his/her account. If primary customer wishes to terminate/suspend or inactivate this membership for any reason, written notice must be given to the Y at least one week prior to the next scheduled monthly payment.

MEMBERSHIP CODE OF CONDUCT

The New Canaan YMCA is a non-profit organization and reserves the right to deny membership on a non-discriminatory basis when deemed appropriate. Membership is a privilege which may be suspended or revoked by management for abusive behavior, profanity, noncompliance with rules, failure to comply with staff, or other behavior deemed unacceptable and inappropriate.

Members are required to carry their ID card(s) and scan them each and every time as they come into the building.

Members must have their picture taken and linked to their membership account.

RISK AND WAIVER OF LIABILITY

To: YMCA of New Canaan, its branches, officers, directors, trustees, managers, employees, volunteer staff and agents (collectively and individual hereinafter referred to as the "Y").

The Primary Customer on behalf of himself/herself, spouse, and his/her minor children named in the associated membership or activity purchased from the New Canaan Community YMCA, Inc. (hereinafter collectively and individually referred to as the "Releasers") acknowledges that Releasers may participate in activities involving risk of injury to person or property, and that they assume full responsibility for all such risk. Other than as set forth below, the Primary Customer certifies that each of the Releasers is in good health with no condition, illness or abnormality which might subject them to undue personal risk from engaging in such activities. In the event of any emergency requiring medical care, the Y is hereby authorized to use its best efforts to obtain whatever medical treatment it deems necessary or appropriate under the circumstances.

Furthermore, to the extent permitted by law, the Primary Customer on behalf of the Releasers hereby specifically releases, waives, discharges and covenants not to sue the Y with respect to any or all liability to the Releasers, their heirs, personal representatives and assigns for any loss or damage, and any claim or demand therefore, on account of injury to person or property, including death unless caused by the gross negligence or willful misconduct of the Y or its employees while Releasers are in, on or about any premises of the Y or using any of the Y's facilities or equipment or participating in any program affiliated with the Y, without regard to location.

The Primary Customer expressly agrees that the foregoing Waiver of Liability is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, the Primary Customer agrees that the balance shall, notwithstanding, continue in full force and effect. The Primary Customer understands that the Y has the right to dismiss any person whose actions or attitude are deemed detrimental to the Y and/or other participants, with all fees forfeited.

The Primary Customer gives permission for photos or videotapes of himself/herself and his/her children while participating in Y activities to be used for promotional purposes. (Contact Membership Director if permission not given). Also, the New Canaan YMCA reserves the right to moderate, delete and/or republish comments made on its Social Media pages. The YMCA may terminate the membership of any member who posts content on any site that is unlawful, harmful, defamatory, obscene or invasive of another's privacy or impersonates another.

THE PRIMARY CUSTOMER HAS READ AND VOLUNTARILY SIGNS THIS ACKNOWLEDGEMENT OF MONTHLY MEMBERSHIP FEE, MEMBERSHIP CODE OF CONDUCT AND RISK AND WAIVER OF LIABILITY, AND FURTHER AGREES THAT NO REPRESENTATIONS OR STATEMENTS OTHER THAN THOSE SET FORTH HEREIN HAVE BEEN MADE.

Signature: _____ **Date:** _____