

**CENTRAL CONNECTICUT COAST YMCA
HAMDEN/NORTH HAVEN BRANCH
FINANCIAL ASSISTANCE APPLICATION
CHILD CARE**

NAME _____ DATE OF APPLICATION _____
(Parent, Guardian, Adult)

ADDRESS _____ PHONE (W) _____
(H) _____

FAMILY MEMBERS (Include all household members)

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

FINANCIAL RESOURCES (Give figures before deductions)

Employment: Father \$ _____ wk. or mon? Mother \$ _____ wk. or mon? Alimony \$ _____ wk. or mon?

State/Local Welfare \$ _____ mon. Social Security \$ _____ Unemp. Compensation \$ _____ wk.

Child Care Assistance Program \$ _____ Child Support \$ _____ wk or mon? Savings \$ _____

Other Resources \$ _____ (stipend, grant, scholarship)

REMARKS: (List monthly expenses and unusual financial or family circumstances.)

PROGRAM REQUESTED _____

PROGRAM FEE \$ _____ **AMOUNT YOU FEEL YOU CAN PAY \$** _____

A COPY OF YOUR MOST RECENT FEDERAL TAX RETURN or 3 RECENT & CONSECUTIVE PAY STUBS or SOME WRITTEN VERIFICATION OF YOUR INCOME MUST BE SUBMITTED WITH THIS FORM. No decision will be made without this information.

THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE. I WILL INFORM THE YMCA OF ANY CHANGES.

SIGNATURE _____

**SUBMIT APPLICATIONS TO: Rose Schule – Director of Administration
HAMDEN/NORTH HAVEN BRANCH YMCA
1605 SHERMAN AVENUE
HAMDEN, CT 06514 (203) 248-6361**