

# Financial Assistance Application

Please submit to Rose Schule, Director of Administration  
Applications are reviewed on a monthly basis.



# The Hamden/North Haven YMCA

A branch of the Central Connecticut Coast YMCA  
1605 Sherman Avenue, Hamden, CT 06514  
voice: 203/248-6361 fax: 203/281-4858  
Child Care Office: 203/281-7473

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ Phone (W) \_\_\_\_\_  
Street town zip code (H) \_\_\_\_\_

Family Members\* (please include all household members)

Applicant \_\_\_\_\_ Age \_\_\_\_\_

Spouse/Partner \_\_\_\_\_

Children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*The Hamden/North Haven YMCA, for the purpose of membership, considers a family any two adults living at the same address and their dependent children. Children must be under 18 unless they are registered as full-time undergraduate students.

### Financial Resources (Please give pre-deduction, gross income amounts)

(Please circle Wk for weekly, Mo for monthly, or BW for bi-weekly)

Employment Adult A \$ \_\_\_\_\_ Wk Mo BW

Employment Adult B \$ \_\_\_\_\_ Wk Mo BW

Alimony \$ \_\_\_\_\_ Wk Mo BW

Social Security \$ \_\_\_\_\_/Mo.

State/Local Welfare \$ \_\_\_\_\_/Mo.

Unemployment \$ \_\_\_\_\_/Mo.

Child Care Assistance \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_ Wk Mo BW

Other Resources (stipend, grant, scholarship):  
\_\_\_\_\_

Remarks (Please list any unusual monthly expenses or family circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

Membership Type \_\_\_\_\_

Amount you feel you can pay \$ \_\_\_\_\_

A copy of your most recent **federal tax return and three most recent pay stubs** or proof of exemption from federal taxes and or a copy of your Social Security payment documentation must be returned with this form. No application will be reviewed without this documentation.

I attest that the information on this application is true and accurate. \_\_\_\_\_  
Applicant signature & date