

CENTRAL CONNECTICUT COAST YMCA

CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION page 2

| | |
|---|---------|
| Household Income | Monthly |
| Wages, Salaries & Tips (all sources in household) | \$ |
| Unemployment Compensation | \$ |
| Social Security Compensation | \$ |
| Disability Compensation | \$ |
| Child Support | \$ |
| Alimony | \$ |
| Aid to Dependent Children | \$ |
| Food Stamps | \$ |
| Housing Assistance | \$ |
| Utility Assistance | \$ |
| 401K/Retirement | \$ |
| | \$ |

If necessary, include documentation of any special expenses, extenuating circumstances, or crisis expense situations of which we should be aware.

Total amount you feel you can pay per month for program fees. \$ _____
 An amount must be entered or the application will not be processed.

REMEMBER: A copy of the most recent Internal Revenue Service tax statement (tax return) and the last three pay stubs of all working adults must be included for this application to be processed. Your SSI Allocation statement, DSS budget worksheet and any unemployment documents (if applicable) must also be included. You may choose to include your W-2's, and/or any other documentation that supports your current income. (This information will be held confidential). Child Care and Summer Camp applicants must also complete the Department of Social Services Care-4-Kids application and return it with this application in order for this application to be processed or reviewed.

I certify that the above information is true and complete to the best of my knowledge. If requested, I will provide further substantiation of all facts included above. I understand that applications take at least two weeks to process, after which a YMCA representative will contact me. I acknowledge that an incomplete application will not be processed.

Applicant's Name (print) _____

Applicant's Signature _____

| | |
|---|---------------------------|
| <u>Office Use Only</u> | |
| Date Received: _____ | |
| Program: _____ | Date(s) of Program: _____ |
| Financial Assistance Awarded (%): _____ | |
| Branch Signature: _____ | Date Approved: _____ |