

YMCA of Greater Nashua
Y CARES FINANCIAL ASSISTANCE

Financial Assistance Policy

Limited funds for financial assistance for YMCA membership and programs have been made available through the generous contributions of friends and families of the YMCA. While participants are expected to pay their fair share, applicants may be eligible for financial assistance. Financial assistance determination is based on a thorough review of the application. Aid will be granted to the extent that funds are available. Y Cares is based on a sliding fee scale that is designed to fit each applicant's situation. The YMCA reserves the right to refuse assistance to any applicant.

APPLICATION INSTRUCTIONS:

1. Please read all forms carefully.
2. New applicants must complete Forms "A" (application) and "B" (for program selection).
3. The following documents must be submitted with this application to verify financial need:
 - a. most recent Income Tax Return or
 - b. most current employment pay stubs (1 month) or
 - c. other proof of current salary
 - d. all state subsidies (food stamps, SSI, AFDC, CSFD, etc.)
4. Incomplete applications will not be processed.
5. Please allow for at least two weeks for your application to be processed.
6. Applications requesting financial assistance for programs must be received at least 2 weeks in advance of the term start date.
7. Y Care recipients are eligible for 2 programs, per term, per person.
8. Those renewing for programs, anytime within 6 months of initial assistance, should complete form "B", Program Selection. After 6 months new documentation is required (see #3) and subject to review at any time.
9. Those renewing memberships must complete form "A" and attach updated documents as listed in #3 above. Memberships are awarded for a 6 month period at a time.
10. Applicants will be contacted in writing as to the status of their application.
11. All financial information will remain confidential.
12. Recipients will be asked to respond to surveys on occasion regarding their participation.
13. Maximum subsidy for child care and day camp programs is 75%.
14. If you have any questions, please contact the Y Cares Coordinator for the Merrimack Y at 881-7778 and for the Nashua Y at 882-2011.

YMCA of Greater Nashua
Y CARES FINANCIAL ASSISTANCE APPLICATION

A

Date: _____

- | | |
|--|------------------------------------|
| <input type="checkbox"/> New Applicant | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Current Member - Type _____ | <input type="checkbox"/> Nonmember |

SECTION 1 Applicant Information: (please print)

First Name _____ Last Name _____

Address _____ Home Phone _____ Date of Birth ___ / ___ / ___

City _____ State _____ Zip _____

Are you a full-time student? _____ If yes, where? _____

Are you married? _____ Total number of dependents _____ Is spouse a full-time student? _____

List names (*last names too, if different from applicant*) and dates of birth of all persons in the household.
Your household includes dependents you claim on your federal income tax return.

1. _____ Date of Birth ___ / ___ / ___

2. _____ Date of Birth ___ / ___ / ___

3. _____ Date of Birth ___ / ___ / ___

4. _____ Date of Birth ___ / ___ / ___

5. _____ Date of Birth ___ / ___ / ___

6. _____ Date of Birth ___ / ___ / ___

7. _____ Date of Birth ___ / ___ / ___

8. _____ Date of Birth ___ / ___ / ___

SECTION 2 Employment Information: (please print)

Employer _____ Work Phone _____

Address _____ City _____ Zip _____

Position _____ Length of Employment _____ Part-time Full-time

Gross Monthly Income _____ Supervisor's Name _____

Spouse's Employer _____ Work Phone _____

Address _____ City _____ Zip _____

Position _____ Length of Employment _____ Part-time Full-time

Gross Monthly Income _____ Supervisor's Name _____

Over

SECTION 3 Income / Expenses Worksheet:

Income

\$ _____ Your gross monthly income
\$ _____ Spouse's gross monthly income
\$ _____ Social Security compensation
\$ _____ Child Support
\$ _____ Alimony
\$ _____ Aid to Dependent Children
\$ _____ Food Stamps
\$ _____ Other (please explain)

Expenses

\$ _____ Rent/Mortgage (circle one)
\$ _____ Auto Loan
\$ _____ Utilities
\$ _____ Phone
\$ _____ Child Support
\$ _____ Medical
\$ _____ Child Care
\$ _____ Other (please explain)

\$ _____ Total monthly income
\$ _____ Total annual income

\$ _____ Total monthly expenses

Do you share expenses with anyone else in your household? _____ Total number in household _____.

Have you applied for Financial Assistance before at either the Nashua YMCA or Merrimack YMCA? _____

SECTION 4 Reason for Application:

Why are you applying for financial assistance? _____

Would you be willing to volunteer at a YMCA special event or other Y program? _____

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the Y within 30 days. If I submit false or inaccurate information, or fail to notify the Y within 30days, I may be terminated from the Y Cares program and responsible for any payment due.

Signature of Applicant

Date

(For Office Use Only) Application Reviewed on _____ <input type="checkbox"/> Denied <input type="checkbox"/> Approved Notified on _____
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**YMCA of Greater Nashua
Y CARES PROGRAM SELECTION**

B

Date: _____

- | | |
|--|------------------------------------|
| <input type="checkbox"/> New Applicant | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Current Member - Type _____ | <input type="checkbox"/> Nonmember |

Program Participant Information: (please print)

First Name _____ Last Name _____ Gender (M) (F)

Address _____ Primary Phone _____ Date of Birth ___ / ___ / ___

City _____ State _____ Zip _____

Parent's Name (First) _____ (Last) _____

PROGRAMS

Recipient is eligible for 2 programs, per term. Make 2 choices for each program desiring.

A. 1st Choice Program Name _____ Branch _____

Day _____ Time _____ Full cost \$ _____

2nd Choice Program Name _____ Branch _____

Day _____ Time _____ Full cost \$ _____

B. 1st Choice Program Name _____ Branch _____

Day _____ Time _____ Full cost \$ _____

2nd Choice Program Name _____ Branch _____

Day _____ Time _____ Full cost \$ _____