



FINANCIAL ASSISTANCE PROGRAM

Regional YMCA of Western Connecticut (updated 6/13/2024)

The Regional YMCA of Western Connecticut believes in providing memberships and programs for all. We provide financial assistance for all adults, teens, young adults, seniors, couples, single parent families and families who cannot afford the full cost of a Y membership.

Financial Assistance is available through the generosity of Y contributors. Our goal is to have sufficient funds to ensure our Y remains accessible through our Financial Assistance Program. Each application is reviewed on a case-by-case basis.

1. Regional YMCA of Western Connecticut Financial Assistance Application

Adults, teens, young adults, seniors, couples, single parent families and families may apply for financial assistance at any time. Applications are available at the YMCA Front Desk or may be downloaded from the www.regionalyymca.org website. Complete the form and return your application to the Greenknoll Branch of the Y. Your information will be held in complete confidence and will be seen only by the necessary staff.

Financial assistance is provided to applicants who meet criteria established by the Regional YMCA of Western Connecticut. Recipients are expected to be responsible for a percentage of the membership cost. The financial information requested must be included with your application. Once the fully completed application is received, it will take approximately 30 days to be processed. You will be notified by mail or email of your application status.

2. Programs

For Family/Single Parent memberships, children are eligible for 35% financial assistance to cover the cost of one (1) class per child, per session. Assistance for these programs is given in addition to the membership. Assistance is not given just for classes.

There are a few programs that we are unable to provide financial assistance for, such as, but not limited to, personal training, private swim lessons, Nutrition, Special Events, etc.

Frequently Asked Question about the YMCA Financial Assistance Policy

- **Who is Eligible?** The YMCA seeks to serve those individuals and families who would benefit from involvement in our membership and programs, but for various reasons are unable to pay for the services.
- **What programs are included?** Most YMCA programs can be included in our financial assistance program. This includes membership, and most of our sports, fitness and aquatic classes. Some specialty classes and those offered to YMCA participants by outside organizations are not included.
- **How much financial assistance will be awarded?** When determining what portion of your fees will be subsidized, we take into consideration your **total** household income, expenses, number of people in your family/household, and any special circumstances which affect your ability to pay.
- **How long does the assistance continue?** It covers 6 months; at which time it will be reviewed for another 6 months if usage warrants.

APPLICATION (please print clearly)

Date Application Submitted: _____ Applicant's DOB: _____
Primary Applicants Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____

Please check best way to be reached:

By Email: _____ By Phone: _____

Total number of persons living in household:

Adult: _____ Children: _____

Membership Type you are applying for:

- ____ Adult Membership (26 years and older)
- ____ Teen (13 through 17 years of age)
- ____ Young Adult (18 through 26 years of age)
- ____ Senior (65 and older)
- ____ Senior Couple (2 adults, at least one being 65 or older, **living in the same household**)
- ____ Single Parent Family (1 adult and all children **in the same household** through 21 years of age)
- ____ Family (2 adults and all children **in the same household** through 21 years of age)
- ____ Adult Couple (2 adults living **in the same household**)

Household members at the residence applying for assistance (excluding primary):

Spouse: _____ DOB: ____/____/____
Child's Name: _____ DOB: ____/____/____
Child's Name: _____ DOB: ____/____/____
Child's Name: _____ DOB: ____/____/____
Child's Name: _____ DOB: ____/____/____

REQUIRED: Please explain your reason for applying and any extenuating circumstances that apply to your family. This section will greatly help those reviewing your application. Please be sure to explain completely any circumstances in your household that warrant financial assistance.

Household Income Information

Income: Monthly amounts only

\$ _____ Gross Monthly Income
\$ _____ Other Adults Gross Monthly Income
\$ _____ Child Support
\$ _____ Alimony
\$ _____ Food Stamps
\$ _____ Unemployment
\$ _____ Social Security/Disability
\$ _____ Temporary Financial Assistance (TFA)
\$ _____ Other (please explain)
\$ _____ **Total Monthly Income**

Expenses: Monthly amounts only

\$ _____ Rent/Mortgage
\$ _____ Auto/Payments
\$ _____ Utilities/ Phone
\$ _____ Groceries/ Food
\$ _____ Child Support
\$ _____ Medical Expenses
\$ _____ Child Care
\$ _____ Alimony
\$ _____ Other (please explain)
\$ _____ **Total Monthly Expenses**

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 Regional YMCA immediately of any change in my household income. I understand that I may lose all Regional YMCA privileges for false or incomplete information. I understand that this application expires annually, and I must reapply to continue receiving assistance.

Signature: _____ Date: _____

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

If you have any questions, contact Membership Dept./Financial Assistance at 203.775.4444 x110

FOR OFFICE USE ONLY:

Percentage Granted: _____

Date Notified: _____

Offer Expiration Date: _____