



- ☐ New Application
- ☐ Renewal Application

FINANCIAL ASSISTANCE PROGRAM

Regional YMCA of Western Connecticut (updated 05/16/2025)

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

Individuals of all ages, including teens, young adults, adults, seniors, couples, and families, can apply for financial assistance at any time. Applications are available at the YMCA Front Desk or can be downloaded from the www.regionalymca.org website. Please complete the form and return your application to the Greenknoll Branch of the YMCA. Rest assured that your information will be kept confidential and will only be viewed by the relevant staff members.

Financial assistance is available for applicants who meet the criteria set by the Regional YMCA of Western Connecticut. **Recipients are expected to contribute a percentage of the membership cost.** Please ensure that you include the requested financial information with your application. Once your fully completed application is received, please allow approximately 30 days for processing. You will be notified of your application status by mail or email.

2. Application Requirements

To apply for the financial assistance program, you must submit official documentation of your household income, including:

- Most recent Tax Return (Form CT-1040)
- 2-3 Current Pay Stubs (for all employed household members)
- Social Security or Disability Income Letters (dated within six months)
- Additional Documentation (if applicable): Child Support, Foster Care Income, Retirement Benefits, SNAP (Food Stamp) Documentation, or DSS Awards.

3. Programs

For Family memberships, children are eligible for 35% financial assistance to cover the cost of one class per child, per session. This assistance is available in addition to the membership fee and is specifically for classes.

- If your use of the facility is strictly for discounted program participation, your membership will not be renewed at the discounted rate.
- To receive the discount, registration for these programs must be completed over the phone or at the Greenknoll facility. The discount will not apply for online registrations.
- Please note that there are some programs for which we cannot provide financial assistance, including but not limited to personal training, private swim lessons, and special events.

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 the facility usage warrants.
- **How often do I need to use my membership?** The financial assistance membership is intended for participants who actively use the facility. As a non-profit organization, we require that funds allocated for these members' contributions are used effectively. If you are not utilizing your membership, we will reallocate those funds to participants who will benefit. We recognize that personal circumstances can occasionally limit facility usage. However, if you are unable to use your membership for any period, it is your responsibility to contact Megan Hebert at mhebert@regionalymca.org. We can place your account on hold for up to three months each year, if necessary, but this requires your proactive communication.
- **Can I add additional people to my financial assistance membership?** Financial assistance has been granted solely for the participants listed on the application submitted. Any requests to add additional participants to your membership plan must be submitted directly to the Membership Director and additional documentation may be requested.

If you have any questions, contact Membership Dept./Financial Assistance at 203.775.4444 x110 or mhebert@regionalymca.org

APPLICATION (please print clearly)

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

Please check the best way to be reached: (Approval letters will be sent via email)

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**)
____ Family (Up to 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 or Mortgage Payments
\$ _____ Auto Payment
(including Gas and Maintenance on vehicles)
\$ _____ Utilities including
\$ _____ Groceries and Misc.
\$ _____ Child Support
\$ _____ Medical Expenses and Prescriptions
\$ _____ Child Care Payments
\$ _____ Alimony Payments
\$ _____ Other (please explain)
\$ _____ **Total Monthly Expenses**

By completing and signing this application, I certify that the information provided, along with any supporting documents submitted, is true, accurate, and complete to the best of my knowledge. I agree to inform the Regional YMCA immediately of any changes to my household income. I understand that providing false or incomplete information may result in the loss of all privileges with the Regional YMCA. Furthermore, I acknowledge that this application expires annually, and I must reapply to continue receiving assistance.

Signature: _____ Date: _____

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

FOR OFFICE USE ONLY:

Percentage Granted: _____ %

Date Notified: _____

Offer Expiration Date: _____

How was applicant notified? _____