



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NEW CANAAN YMCA FINANCIAL ASSISTANCE APPLICATION

The New Canaan YMCA strives to serve everyone in our community, regardless of individual economic circumstances. **All information will be kept confidential.**

How to Apply:

1. Complete the attached New Canaan YMCA Financial Assistance Application
2. **Copies** of the following income verification for **all adults** in the household must be attached to the application, including:
 - Most recent federal income tax return filed (complete copy of IRS form 1040)
 - W2 and/or 1099 forms
 - Three of the most recent pay stubs from **all** employers
 - Three of the household's most recent bank statements

*****NOTE: THE APPLICATION WILL NOT BE REVIEWED UNLESS ALL SECTIONS ARE COMPLETED AND THE NOTICED INCOME VERIFICATION SUBMITTED.*****

3. Submit the application and income verification to:

Diana Riolo, Assistant Director of Development & Community Impact;

By mail: New Canaan YMCA, 564 South Avenue, New Canaan, CT 06840;

By email: driolo@newcanaanymca.org;

By fax: 203-972-7738

Direct phone: 203-920-1653 or 203-966-4528 ext. 185

4. Upon receipt, you will be contacted within fifteen working days to discuss the application. If necessary, additional income verification may be requested. Incomplete applications will be delayed.

Once Approved:

Diana Riolo will notify you by email and arrangements will be made for you to sign the financial assistance approval documents for the membership year and make payment to activate/renew your membership.

To register for future classes/programs with financial assistance, you will need to contact Diana Riolo. Registration for classes/programs occurs only when payment is processed. Inquiries do not secure a spot in classes/programs. Payment plans are not available. New applications need to be submitted annually for membership renewals.

New Canaan YMCA Financial Assistance is made possible through the generous contributions of organizations and individuals during our Annual Support Campaign.



New Canaan YMCA Financial Assistance Application

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Number of Persons in Household: Adults: _____ **Children:** _____

Dependent Children/Adults:

Applicant's Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Are you currently employed? _____ **How long?** _____

If you have more than one employer, please list additional employers on last page of application.

Occupation/Position: _____ Full-Time Part-Time

Company's Name: _____

Supervisor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Is your spouse/partner currently employed? _____ **How long?** _____

Occupation/Position: _____ Full-Time Part-Time

Company's Name: _____

Supervisor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

ANNUAL HOUSEHOLD INCOME: _____ *

*Total family income must be verified annually.

REQUIRED: A COMPLETE COPY OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN, W-2, AND/OR 1099 DOCUMENTS **AND THREE** OF THE MOST RECENT PAY STUBS FOR ALL WORKING ADULTS IN THE HOUSEHOLD MUST BE INCLUDED WITH THIS APPLICATION.

MONTHLY INCOME FROM ALL ADULTS IN HOUSEHOLD

Gross Earnings:	Adult/Parent 1:	Adult/Parent 2:
Salary/Wages	_____	_____
Commissions/Tips/Cash	_____	_____
Unemployment	_____	_____
Social Security	_____	_____
Disability	_____	_____
Pension/Trust	_____	_____
Is a bonus expected this year? If so, approximate amount?		_____
Alimony:	_____	_____
Public Assistance:		
Supplemental Security Income (SSI)	_____	_____
Temporary Assistance for Needy Families (TANF)	_____	_____
Food Stamps	_____	_____
Housing	_____	_____
Utilities	_____	_____
Other	_____	_____
Other Income:		
Rental Property	_____	_____
Investments	_____	_____
Other	_____	_____

With whom is/are the child/ren living: Both parents Mother Father Guardian

Are you currently receiving child support? Yes No; **If yes, monthly amount?** _____

If no, supporting documentation must accompany application. If no document available, non-custodial's income verification must also be submitted with application.

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

Are any of your living expenses (home, rent, cars, etc.) paid or shared by another such as a relative, friend, partner, roommate, employer, business, or other? Please list:

ASSETS

	ADULT/PARENT 1	ADULT/PARENT 2
Cash on Hand	_____	_____
Cash in Checking	_____	_____
Cash in bank or Credit Union savings account	_____	_____
Money Market Accounts	_____	_____
Current Value of 401(K) Plan or similar	_____	_____
Retirement Account	_____	_____

Real Estate:

1. Address: _____ City: _____

Estimated Value: \$ _____ Equity: \$ _____

Mortgage: \$ _____ Year of Purchase: _____

2. Address: _____ City: _____

Estimated Value: \$ _____ Equity: \$ _____

Mortgage: \$ _____ Year of Purchase: _____

Motor Vehicles:

1. Year: _____ Make/Model: _____

Monthly Payment Amount: \$ _____ Own or Lease: _____

2. Year: _____ Make/Model: _____

Monthly Payment Amount: \$ _____ Own or Lease: _____

Are you or your spouse currently enrolled in school? Yes No

If yes, please check: Full-Time Part-Time

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

If you wish, please comment below on extenuating circumstances which contribute to your need for assistance such as major medical expenses, loss of job, disability, etc. (support documentation may be requested)

Please use the last page of the application if more space is needed.

Please list below the name of an unrelated person, such as a teacher, pastor, social worker, etc., who is knowledgeable of your financial situation. The New Canaan YMCA may contact this person as a reference in regard to this application.

Name: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Membership type for which assistance is requested (please check interests):

Youth (0-13) Summer Youth (camper) Young Adult (14-25) Adult (26-64)

Family (1 adult) Family (2 adults) Family (3 adults) Family (4 adults)

Senior Adult (65+) Senior Couple (Both 65+)

Actual Cost: _____

The balance due for the membership after subsidy may be paid annually or quarterly. Choose one method and indicate the maximum amount you could pay using that method.

\$ _____ Annually; \$ _____ Quarterly (not available on youth, summer youth, and young adult memberships)

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

How will participation at the New Canaan YMCA benefit you or your family?

If you are a current financial assistance recipient or have received assistance in the past, please describe how you have benefitted from the Y's financial assistance program. Please be aware, this testimonial may be used anonymously in printed materials or be made available to donors.

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

Signature: _____ Date: _____

Required Documentation (to be kept on file; therefore, please submit COPIES. Copies are not made at the New Canaan YMCA.):

- ___ Completed all sections of this application
- ___ Copy of Federal Income Tax Return (form 1040)
- ___ Cop(ies) of W-2(s) and/or 1099(s)
- ___ Copies of last three pay statements AND last three bank statements for the household

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

Please use this additional space if needed to complete sections on application or for any additional information you would like to share:

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.



New Canaan YMCA Membership Application

Billable Member/Customer (Age 18+):

First Name: _____ Last Name: _____ Gender: _____ D.O.B.: _____

Address: _____
Street City State Zip Code

Primary Phone: _____ Phone Number: _____ Email: _____

Membership Category: Youth Family Young Adult Adult Senior

Additional Members:

	First	Last	Gender	D.O.B.
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Concerns:

Monthly Membership Fee:

Primary customer gives permission to withdraw the monthly membership fee from his/her account. If primary customer wishes to terminate/suspend or inactivate this membership for any reason, written notice must be given to the Y at least one week prior to the next scheduled monthly payment.

Membership Code of Conduct

The New Canaan YMCA is a non-profit organization and reserves the right to deny membership on a non-discriminatory basis when deemed appropriate. Membership is a privilege which may be suspended or revoked by management for abusive behavior, profanity, noncompliance with rules, failure to comply with staff, or other behavior deemed unacceptable and inappropriate.

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in its entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your use of the New Canaan Community YMCA, Inc. ("New Canaan Y") facilities or equipment and/or participation in the New Canaan Y's programs, now or at any time in the future.

Acknowledgement of Risk

I acknowledge and agree that participation in the New Canaan Y programs and the use of the New Canaan Y's facilities or equipment comes with inherent risks. I have full knowledge and understanding of the inherent risks including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with such participation and use, and that said list in no way limits the operation of this Agreement.

Waiver, Release, Covenant Not to Sue & Indemnification

In consideration of my use of the New Canaan Y's facilities or equipment and/or participation in the New Canaan Y's programs, I, on behalf of myself, my heirs, representatives, executors, administrators, assigns and any minor children named in the associated New Canaan Y Membership Agreement, (hereinafter collectively referred to as "Releasors"), agree to waive, release and discharge the New Canaan Y, its branches, officers, directors, employees, board of directors, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Releasors may have, now or in the future, against Releasees on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of the New Canaan Y's facilities or equipment without regard to location, or participation in the New Canaan Y's programs without regard to location, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

Releasors covenant and agree that they will not assert any claim or initiate any legal or other action against any Releasees with respect to any matter covered by the foregoing waiver and release. Releasors acknowledge and agree that if they should hereafter make against any Releasee any claim or demand or commence or threaten to commence any action, claim or proceeding otherwise prohibited by this Agreement, this section may be raised as a complete bar to any such action, claim or proceeding. Unless prohibited by law, the applicable Releasees may recover from Releasors all costs incurred in connection with such action, claim or proceeding, including attorneys' fees if it is determined that any such action, claim or proceeding is prohibited by this Agreement.

In consideration of my participation in the New Canaan Y's programs and/or use of the New Canaan Y's facilities or equipment, Releasors further agree to indemnify and hold harmless Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my use of the New Canaan Y's facilities or equipment without regard to location, or participation in the New Canaan Y's programs without regard to location.

Assumption of Risk

I certify that they I have full knowledge of the nature and extent of the risks inherent in my and my minor children's participation in New Canaan Y programs and use of the New Canaan Y's facilities or equipment and that I am voluntarily assuming said risks. I understand that I am solely responsible for any loss or damage, including personal injury, property damage, or death associated with participation in any of the New Canaan Y's programs or use of the New Canaan Y facilities or equipment and that by signing this Agreement Releasors release Releasees from all liability for such loss, damage, or death. I further certify that I and my minor children are in good health and have no conditions or impairments which would preclude our safe participation in any programs or use of the New Canaan Y's facilities or equipment. In the event of an emergency requiring medical care, the New Canaan Y is hereby authorized to use its best efforts to obtain whatever medical treatment it deems necessary or appropriate under the circumstances.

Photo/Video Disclaimer

The undersigned hereby gives permission for photos or videos of himself/herself and his/her children while participating in New Canaan Y activities to be used for promotional purposes (Contact Membership Director if permission not given).

Coronavirus/COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in the New Canaan Y's programs or accessing the New Canaan Y's facilities could increase the risk of contracting COVID-19. The New Canaan Y in no way warrants that COVID-19 infection will not occur through participation in New Canaan Y programs or accessing the New Canaan Y facilities.

Releasors expressly agree that the foregoing waiver and release is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, Releasors agree that the balance shall, notwithstanding, continue in full force and effect.

I certify that I am of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed this ____ day of _____, in the year _____.

Signature

Name (print clearly)