

NEW CANAAN YMCA FINANCIAL ASSISTANCE APPLICATION

The New Canaan YMCA is a non-profit community organization with programs and services designed to support youth development, healthy living, and social responsibility.

Financial Assistance Application Process Overview

How to Apply:

1. Complete the enclosed New Canaan YMCA Financial Assistance Application
2. Please see below for a listing of required supporting documents to be included with your application:
 - A. Prequalified Fast-Track Applicants**
(Anyone currently receiving one of the following services from the State of CT: SNAP (food stamps), Husky A or D, or WIC)
 1. Current documentation of receiving one of the above services is required
 - B. All Other Applicants (Copies of income verification documents for all adults in household):**
 1. Most recent federal income tax return filed (complete copy of IRS form 1040)
 2. W2 and/or 1099 forms
 3. Three of the household's most recent pay statements from all employers
 - If self-employed or pay statements are unavailable, please provide three of the household's most recent bank statements instead.
3. Submit complete application and documents to Diana Riolo, Asst Director of Development & Community Impact
In Person: at the New Canaan YMCA Member Services Desk
By mail: New Canaan YMCA, 564 South Avenue, New Canaan, CT 06840
By email: driolo@newcanaanymca.org

Once submitted, you will be notified within fifteen business days. If necessary, additional income verification may be requested.

Note: To ensure your application is processed as quickly as possible, please be sure to include all requested information and supporting documents. Incomplete applications may 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. An updated application is required annually for membership renewal.

Program Registration with Financial Assistance:

Upon financial assistance approval, Diana Riolo will share the process for program registration with your subsidy.

The New Canaan YMCA Financial Assistance process is designed to be accessible and supportive for anyone who needs assistance in affording membership and/or program fees.

Please contact Diana Riolo if you have any questions about the application or the process:

Diana Riolo
Assistant Director of Development and Community Impact
Email | driolo@newcanaanymca.org
Phone | 203-920-1653



NEW CANAAN YMCA FINANCIAL ASSISTANCE APPLICATION

Name (Head of Household): _____

Address: _____

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

Home Phone: _____ **Cell Phone:** _____

Email: _____ **Date of Birth:** _____

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

Dependent Children/Adults:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Membership type for which assistance is requested

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

Family Memberships include all household dependents under the age of 26.

_____ Family-1 Adult _____ Family-2 adults _____ Family-3 Adults _____ Family-4 Adults

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

Application Type

_____ **I receive at least one of the below State of CT services (check all that apply):**

_____ SNAP (food stamps) _____ Husky A _____ Husky D _____ WIC

If at least one of the above prequalifying services is checked, you are prequalified for assistance and you can skip to the last paragraph on page 5.

_____ **I do not currently receive any of the above prequalifying services.** If checked, please proceed to the next page to provide some additional information.

EMPLOYMENT AND INCOME INFORMATION

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

Occupation/Position: _____

Company's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Occupation/Position: _____

Company's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

MONTHLY INCOME FOR ALL ADULTS IN THE HOUSEHOLD

Gross Earnings:	Adult/Parent 1:	Adult/Parent 2:
Salary/Wages	_____	_____
Commissions/Tips/Cash	_____	_____
Unemployment	_____	_____
Social Security	_____	_____
Disability	_____	_____
Alimony	_____	_____
Other	_____	_____

DEPENDENTS

With whom is/are the child/ren living:

_____ Both Parents _____ Mother _____ Father _____ Guardian

Are you currently receiving child support?

_____ If Yes, please enter the monthly amount

_____ If No, supporting documentation must accompany this application.

SUPPLEMENTAL INFORMATION

OPTIONAL: If there are any extenuating circumstances that contribute to your need for assistance such as major medical expenses, job loss, disability, etc., you may use the space below to share if you wish (support documentation may be requested).

OPTIONAL: We would love to hear how you are hoping to benefit from membership and/or programs at the New Canaan YMCA. Please use the space below to share if you wish.

OPTIONAL: The financial assistance program is made possible by donations to the Y. If you are a current financial assistance recipient or have received assistance in the past, please share a testimonial that we can use anonymously to help gain donor support for the financial assistance program.

SIGNATURE

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 I may lose all New Canaan YMCA privileges for false or incomplete information. I understand this application expires annually, and I must reapply to continue receiving assistance.

Signature: _____ **Date:** _____

REQUIRED SUPPORTING DOCUMENTATION

Please be sure to include all required supporting documentation to ensure your application is processed as quickly as possible. Incomplete applications may be delayed.

Prequalified Fast-Track Applicants:

- Current documentation of receiving one of the following State of CT services: SNAP (food stamps), Husky A or D, or WIC

All Other Applicants (Copies of income verification documents for all adults in household):

- Most recent federal income tax return filed (complete copy of IRS form 1040)
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Phone | 203-920-1653



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: Adult Senior Young Adult Family Youth

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 a primary customer wishes to terminate/suspend or inactivate this membership for any reason, written notice must be submitted to the Y one week prior to draft date.

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.

Acknowledgment and Assumption of Risk

I acknowledge and agree that participation in the New Canaan Y's programs and the use of the New Canaan Y's facilities or equipment comes with inherent risks including, but not limited to: (1) athletic injuries, (2) aquatic injuries, (3) slips, trips, and falls, (4) medical events relating to new or existing known or unknown conditions, and (5) illness, including exposure to and infection with viruses or bacteria. I acknowledge that the preceding list is not inclusive of all possible risks associated with such participation and use. On behalf of myself and my minor children (if applicable), I voluntarily accept and assume full responsibility for and hereby release the New Canaan Y from all liability for any loss, illness, property damage, or death associated with the use of its facilities and participation in its programs.

Further, I certify that I and any minor children named in my membership agreement are in good health and have no conditions or impairments which would preclude our safe use of the New Canaan Y's facilities or equipment or participation in any programs. 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.

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 (if applicable) named in the associated New Canaan Y Membership Agreement, (hereinafter collectively referred to as "Releasors"), **AGREE TO WAIVE, RELEASE AND COVENANT NOT TO SUE** 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, illness, 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 further agree that if they should hereafter make any claim or demand or commence or threaten to commence any action, claim or proceeding prohibited by this Agreement, this section may be raised as a complete bar to any such action, claim or proceeding and Releasees shall have a right to 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.

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.

Permission for Use of Photos and Videos

I hereby give permission for photos or videos of myself and my minor children (if applicable) participating in New Canaan Y activities to be used for promotional purposes. I acknowledge that I must contact the New Canaan Y's Membership Director to revoke this permission if I so choose.

Signature

Date

Name (Print Clearly)