

## 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 (i.e., DSS Form W-0071, SNAP Notice of Action Letter, Husky Form 1301, etc.)
  - 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 applicataion 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](mailto: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](mailto: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**

<b>Gross Earnings:</b>	<b>Adult/Parent 1:</b>	<b>Adult/Parent 2:</b>
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 (i.e., DSS Form W-0071, SNAP Notice of Action Letter, Husky Form 1301, etc.)

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

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**Diana Riolo, Assistant Director of Development and Community Impact**

**Email | [driolo@newcanaanymca.org](mailto:driolo@newcanaanymca.org)**

**Phone | 203-920-1653**

**New Canaan Community YMCA, Inc.  
Assumption of Risk, Waiver, Release,  
Covenant Not to Sue and Indemnification Agreement**

**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, NOW OR ANY TIME IN THE FUTURE, FOR PERSONAL INJURY, ILLNESS OR PROPERTY DAMAGE HOWEVER CAUSED, ARISING OUT OF USE OF THE NEW CANAAN COMMUNITY YMCA, INC. ("NEW CANAAN Y") PREMISES, FACILITIES OR EQUIPMENT.**

**Acknowledgment and Assumption of Risk**

I acknowledge and agree that the use of the New Canaan Y's premises, 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/or my minor child named herein, 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 premises, facilities or equipment.

Further, I certify that I and/or my named minor child are in good health and have no conditions or impairments which would preclude our safe use of the New Canaan Y's premises, 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. I agree that I will be solely responsible for any and all costs of medical care administered to me and/or my minor child.

**Waiver, Release, Covenant Not to Sue & Indemnification**

In consideration of my and/or my minor child's use of the New Canaan Y's premises, facilities and/or equipment, I, on behalf of myself, my heirs, representatives, executors, administrators, and assigns, (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 and all liability, causes of action, claims, or demands of any nature whatsoever Releasors may have now or in the future arising out of or related to any loss, damage, or injury, including death, that may be sustained by me and/or my minor child, or to any property belonging to us, while using the New Canaan Y's facilities or equipment, or while in or upon the New Canaan Y's premises, whether caused by the negligence of the Releasees or otherwise. 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. Releasors further agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, costs, including court costs and attorneys' fees, or losses of any nature whatsoever arising out of or in any way related to my and/or my minor child's use of the New Canaan Y's facilities or equipment, or presence in or upon the New Canaan Y's premises.

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 child while utilizing the New Canaan Y's facilities or equipment, or present in or upon the New Canaan Y's premises, for promotional purposes. I acknowledge that I must contact the New Canaan Y's Membership Director to revoke this permission.

**Acknowledgement**

On behalf of myself and as parent or guardian of minor named below, I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that it is my express intent that this agreement is to be binding upon myself, my spouse, my heirs, executors, administrators, and representatives in the event of my death or incapacity.

_____	_____
<b>Signature</b>	<b>Date</b>
_____	_____ / /
<b>Printed Name</b>	<b>Phone #</b> <b>Date of Birth</b>
_____	_____
<b>Street Address</b>	<b>City/State/Zip</b>
_____	_____ / /
<b>Emergency Contact Name and Phone #</b>	<b>Minor Child Name</b> <b>Date of Birth</b>