FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NEW CANAAN YMCA FINANCIAL ASSISTANCE APPLICATION

The mission of the New Canaan YMCA's financial assistance program is to help individuals who, without assistance, would not be able to afford membership or program fees.

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 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.). Connect Cards are not accepted as verification of eligibility. Verification must include current dates of coverage.

   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.

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

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

NEW CANAAN YMCA FINANCIAL ASSISTANCE APPLICATION

Name (Head of Household):_____

Address: _____

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

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

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

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

Dependent Children/Adults:

Name: _____Date of Birth: _____ Gender: _____

Name: _____Date of Birth: _____ Gender: _____

Name: _____ Date of Birth: _____ Gender: _____

Name: _____Date of Birth: _____ Gender: _____

Name: _____Date of Birth: _____ Gender: _____

Name: _____Date of Birth: _____ Gender: _____

Membership type for which assistance is requested

☐ Youth (0-13) ☐ Teen (14-18) ☐ Young Adult (19-25)

☐ Adult-1 Single (26-64) ☐ Adult-2 Couple (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 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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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.

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