



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Hamilton Area YMCA Financial Assistance Application

HAMILTON AREA YMCA LOCATION

☐ JKR Branch

☐ Sawmill Branch

APPLICANT INFORMATION

☐ New application

☐ Renewal application

Name: _____ Date of Birth: _____

Address: _____

City: _____ State & Zip: _____

E-mail: _____ Phone: _____

SPOUSE/DOMESTIC PARTNER INFORMATION

Name: _____ Date of Birth: _____

E-mail: _____ Phone: _____

FINANCIAL ASSISTANCE REQUESTED (please select only one)

☐ Programs ☐ Summer Camp ☐ Y's Owls Preschool ☐ School Age Child Care

☐ Family Membership ☐ Youth Membership ☐ Teen Membership ☐ Young Adult Membership

☐ Adult Membership ☐ 2 Adult Membership ☐ Senior Membership ☐ 2 Senior Membership

EMPLOYMENT INFORMATION

Applicant Employer: _____

Employer Address: _____

Employment Status: ☐ Full Time ☐ Part Time ☐ Self-employed ☐ Unemployed ☐ Disabled ☐ Retired

Work Hours: _____ Is your payroll: ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Semi-monthly

Spouse/Domestic Partner Employer: _____

Employer Address: _____

Employment Status: ☐ Full Time ☐ Part Time ☐ Self-employed ☐ Unemployed ☐ Disabled ☐ Retired

Work Hours: _____ Is your payroll: ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Semi-monthly

FAMILY INFORMATION

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Number of Adults: _____ Number of Children: _____ Total Family Size: _____

Name: _____ DOB: _____ Relation: _____

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Name: _____ DOB: _____ Relation: _____

Do you rent or own your home? ☐ Rent ☐ Own Monthly rent or mortgage? \$ _____

Paid by: ☐ Cash ☐ Check ☐ Money Order

Does anyone in your home have a Special Needs Trust? ☐ Yes ☐ No

GROSS* TOTAL MONTHLY WAGES

Applicant Gross Monthly Income \$ _____

Spouse Gross Monthly Income \$ _____

Business Income \$ _____

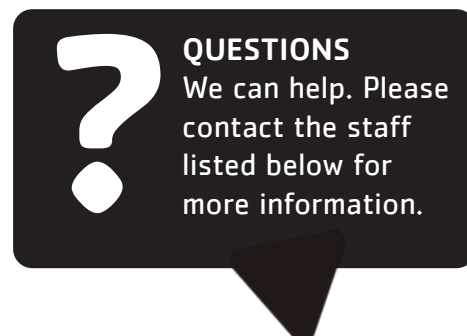
State-Fed Aid/TANF/SSI/DDD \$ _____

Unemployment Income \$ _____

Child Support/Alimony Income \$ _____

Total Monthly Gross Income \$ _____

*Not net



The information listed on this form is correct and true. I understand Hamilton Area YMCA will verify income and other personal information as reported on the attached documents. Any deliberate misrepresentation will result in disqualification for assistance. Additionally, I understand that Hamilton Area YMCA may ask for further verification of personal and financial information based upon available public information (for example: social media accounts and internet searches). In signing below, I attest that the information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Printed Name: _____

Please submit this application along with all supporting documentation to: Hamilton Area YMCA, 1315 Whitehorse-Mercerville Road, Hamilton, NJ 08619

Membership & Programs
Kailin Vena - ext. 140
kvena@hamiltonymca.org

Summer Camp
Rudy Turner - ext. 21105
rtturner@hamiltonymca.org

Child Care
Erik Wiener - ext. 116
ewiener@hamiltonymca.org

HAMILTON AREA YMCA REQUIRED SUPPORTING DOCUMENTATION

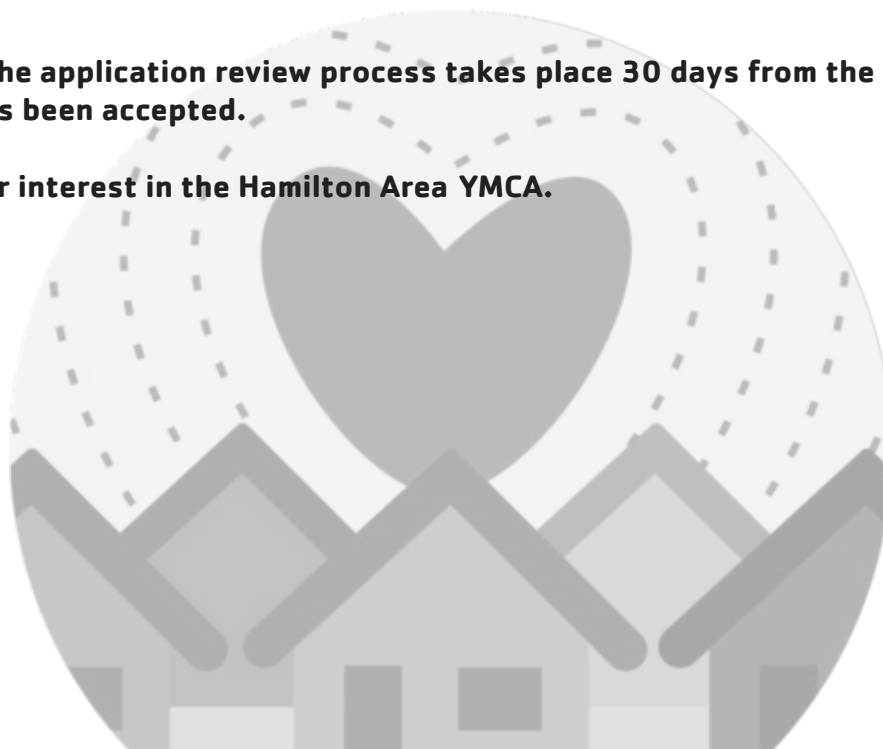
We do not accept originals of requested financial documents. Please make copies.

- ☐ Completed Financial Assistance Application
- ☐ A written explanation of why you are applying for financial assistance at the Hamilton Area YMCA; plus any pertinent information regarding your application.
- ☐ Copy of Federal Tax Returns (1040/1041) for the **last 2 years**, including W-2 forms. If renewing, only the most recent tax return and W-2 are required. Complete returns must be provided.
- ☐ Copy of **2 most recent months'** pay stubs **OR** letter from employer stating hours worked and pay received. Letter from employer must include employer's name, address, and phone number.
- ☐ Copy of **2 most recent months'** financial statements. Please include all financial accounts including, but not limited to, checking, savings, money market, brokerage, trust, pensions, etc.
- ☐ Copy of court-ordered child support or alimony, if applicable.
- ☐ Copy of housing subsidy.
- ☐ Copy of unemployment insurance benefits, social security, SSI, SSDI, TANF, etc., if applicable.
- ☐ Copy of food stamps letter, if applicable.
- ☐ Copy of Special Needs Trust documentation, including any financial statements, if applicable.

Please be sure to include ALL of the above documentation. Incomplete applications will not be reviewed.

Please note that the application review process takes place 30 days from the time all required documentation has been accepted.

Thank you for your interest in the Hamilton Area YMCA.



6.30.25

HAMILTON AREA YMCA

1315 Whitehorse-Mercerville Road
Hamilton, NJ 08619

185 Sawmill Road
Hamilton, NJ 08620

hamiltonymca.org
609.581.9622

