



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: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

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    \$ \_\_\_\_\_

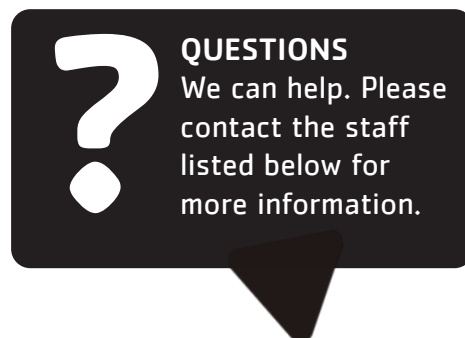
State-Fed Aid/TANF/SSI/DDD    \$ \_\_\_\_\_

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**  
Kathy Fessler - ext. 127  
kfessler@hamiltonymca.org

**Summer Camp & Programs**  
Rudy Turner - ext. 105  
rtturner@hamiltonymca.org

**Child Care**  
Stacy Derrico - ext. 115  
sderrico@hamiltonymca.org

## HAMILTON AREA YMCA REQUIRED SUPPORTING DOCUMENTATION

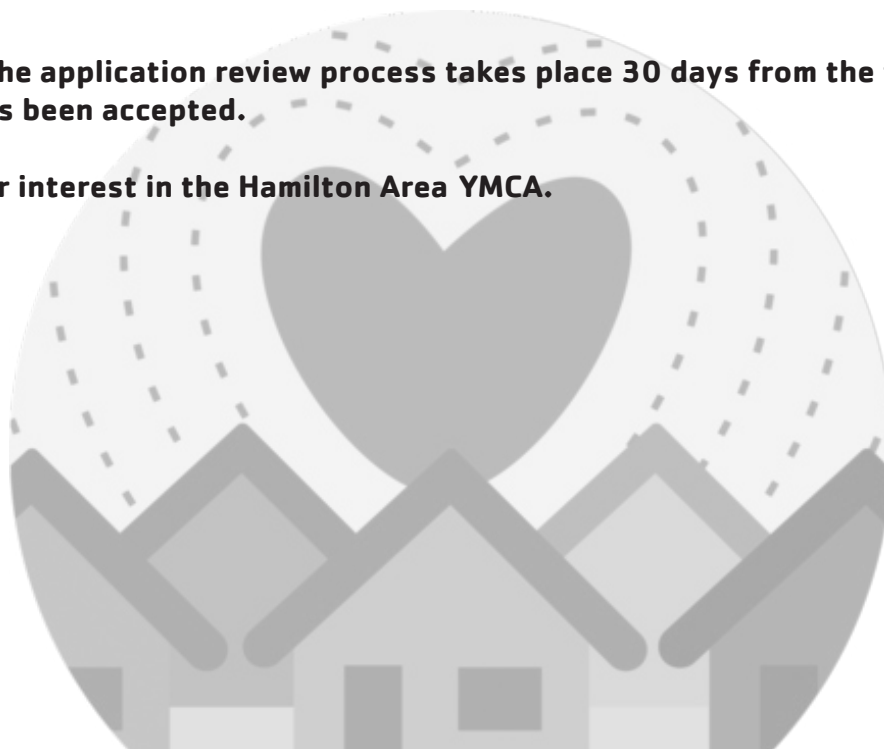
**We do not accept originals of requested financial documents. Please make copies.**

- 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.**



6.22.26