

HERE FOR ALL

Dear Neighbor,

At the Y, we believe everyone deserves the opportunity and support to reach their full potential. Our commitment to strengthen community starts with ensuring that all individuals have access to the resources, relationships, and opportunities they need to learn, grow, and thrive.

Greater Somerset County YMCA is proud to offer financial assistance to those in need – made possible through the generosity of our Annual Campaign donors, community partners, and special fundraising events. Our Financial Assistance Program is available to individuals who live or work in our service area, meet the program's financial guidelines, and wish to participate in YMCA programs or services.

Applying is simple. Enclosed you'll find a Financial Assistance application and a checklist of required supporting documents. Please email your completed application and documentation to: <u>financialassistance@gscymca.org</u>

The process is completely confidential and typically takes 2–4 weeks. You will be notified by email once a decision has been made.

If you have any questions, please don't hesitate to reach out – we're here to help.

Sincerely,

David M Carcieri

David M. Carcieri President & CEO Greater Somerset County YMCA



GREATER SOMERSET COUNTY YMCA

	SECTION 1: APPLICANTS CURRENTLY RECEIVING GOVERNMENTAL ASSISTANCE*
Fi	nancial Assistance Application: Parts 1–5 only; signed and dated.
sh Govern	ppy of a recent statement, explanation of benefits, or other dated documentation owing you are currently an active recipient of local, state, or federal subsidies. ment assistance includes but is not limited to NORWESCAP, Office for Children, SSI, SDI, NJ Family Care, Medicaid, 8 Housing Assistance, NJ SNAP, and TANF.
	SECTION 2: ALL OTHER APPLICANTS
Fi	nancial Assistance Application completed in full; signed and dated.
	written statement explaining why you are applying for financial assistance with reater Somerset County YMCA.
lf	opy of Federal Tax Returns (1040/1041) for the past 2 years, including W-2 forms. renewing, only the most recent tax return and W-2 is required. Complete returns ust be provided.
h	opy of all pay stubs received in the last 2 months or letter from employer stating ours worked and pay received. Letter from employer must be on official company tterhead and include the employer's name, address, and phone number.
Co	ppy of Unemployment Insurance Benefits, Social Security Benefits, etc., if applicable.
Act. F	is committed to protecting your privacy in compliance with the NJ Data Privacy or more details, visit <u>gscymca.org</u> /p <u>rivacy-polic</u> y. Please do not submit original nents. Only copies will be accepted.
	STEPS
	se return your completed application to <u>financialassistance@gscymca.org</u> or mail to:
Grea	n: Financial Assistance Program Ater Somerset County YMCA Mt. Airy Road, Basking Ridge, NJ 07920
• Be s	ure to include all required supporting documentation.
• Whe	n all documentation is received, the review process takes approximately 2–4 weeks.
• You	will be notified by email once a decision has been made.
apply	ants seeking Financial Assistance for child care or camp programs are required to first for available third-party subsidies—such as Community Child Care Solutions (CCCS) nmunity Coordinated Child Care (CCCC)—if they appear eligible based on income or hold size. Financial Assistance from the YMCA may still be available for those who are

GREATER SOMERSET COUNTY YMCA



GREATER SOMERSET COUNTYYMCA FINANCIAL ASSISTANCE APPLICATION

PART 1: GREATER SOMERSET COUNTY YMCA BRANCH

Bridgewater YMCA Franklin Twp YMCA Hillsborough YMCA Plainfield YMCA Princeton YMCA Somerset Hills YMCA Somerville YMCA

PART 2: APPLICANT INFORMATION

Name Date of Bir	th		
Address			
City	State	Zi	p Code
E-mail Phone		New or Ren	ewal Application
PART 3: MEMBERSHIP CATEGO	RY REQUESTED		
□ Family □ Youth □ Young Adult □ Single Parent Family □ Adult □ Teen			
PART 4: YMCA PROGRAMS F	REQUESTED		
Daycare/Early Education* School Age Child Care Summer Camp* Other YMC *Applicants seeking Financial Assistance for child care or camp programs are required to first ap Solutions (CCCS) or Community Coordinated Child Care (CCCC)—if they appear eligible based or be available for those who are denied or ineligible for such subsidies. Applicants who do not put	oply for available third-party su n income or household size. Fin	ancial Assistar	nce from the YMCA may still
and any YMCA award provided will likely be significantly less than the amount available through	hthird-party programs.	sidles may be c	
PART 5: HOUSEHOLD INFO	RMATION		
Number of adults contributing to household income:			
Adult1Name		Date of Birth	I
E-mail		Phone	
Adult 2 Name		Date of Birth	I
E-mail		Phone	
Adult 3 Name		Date of Birth	I
E-mail		Phone	
Number of children:			
Child 1	Date of Birth		Relation
Child 2	Date of Birth		Relation
Child 3	Date of Birth		Relation
Child 4	Date of Birth		Relation

PART 6: EMPLOYMENT INFORMATION

Applicant's Employer		
Employer's Address	City	State
Employment Status: Employment Status:	Time Part Time Self-employed Unemployed Disabled Retired	
Is your Payroll: 🗌 Weekly 📄 Biweekly 🗍 So	emimonthly Monthly	
Spouse/Domestic Partner's Employer		
Employer's Address	City	State
Work hours		
Employment Status: Full Time Part Time	Self-employed Unemployed Disabled Retired	
Is your Payroll: 🗌 Weekly 🗌 Biweekly 🗍 Si	emimonthly D Monthly	
PART 7: GROSS* TOTAL MON	NTHLY INCOME	
Gross Monthly Income From Your Job	\$	
Other Household Adult's Gross Monthly Income	\$	
Business Income	\$	
State-Fed Aid/TANF/SSI/DDD	\$	
Unemployment	\$	
Child Support Income	\$	
Other Income	\$	
Total Monthly Gross Income	\$	
*Gross income is the sum of all wages, salaries, pro and other forms of earnings, before any deductior (not net income, defined as the gross income minu	ns or taxes	
attached documents. Any deliberate misrepresenta	ue. I understand Greater Somerset County YMCA will verify income and other personal infr ation will result in disqualification for assistance. Additionally, I understand that Greater So I information. In signing below, I attest that the information is accurate to the best of my kn	omerset County YMCA may
Applicant Signature	Printed Name	Date
NEXT STEPS		
,	n along with any supporting documentation to <u>financialassistance@gscyr</u>	nca.org or mail to:
Attn: Financial Assistance Program Greater Somerset County YMCA, 140 Mt	. Airy Road, Basking Ridge, NJ 07920	
PRIVACY NOTICE		
Effective Date: January 15, 2025		
By providing the information requested on this personal data for the purposes outlined in our l contact us at p <u>rivacy@gscymca.org</u> .	form, you are giving explicit consent for Greater Somerset County YMCA to collect, pro Privacy Policy. For more information, please refer to our Privacy Policy at <u>gscymca.org</u> /	cess, and store your 'p <u>rivac</u> y-p <u>olic</u> y or

GREATER SOMERSET COUNTY YMCA

BRIDGEWATER YMCA | FRANKLIN TWP YMCA | HILLSBOROUGH YMCA | PLAINFIELD YMCA | PRINCETON YMCA | SOMERSET HILLS YMCA | SOMERVILLE YMCA

140 Mount Airy Road, Basking Ridge, NJ 07920 | 908 630 3535

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gscymca.org

Greater Somerset County YMCA is a leading nonprofit committed to strengthening community by connecting all people to their potential, purpose and each other. The Y empowers everyone – no matter who they are or where they're from – by ensuring access to resources, relationships and opportunities for all to learn, grow and thrive. For information about Greater Somerset County YMCA and financial assistance, visit us at www.gscymca.org.