



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PLAINFIELD AREA

ALWAYS HERE,

FOR OUR COMMUNITY

Financial Assistance Application

Our Mission

The Plainfield Area YMCA is a charitable, non-profit service organization dedicated to improving the potential of every member of our community through programs that build spirit, mind & body.

Through the Y's Financial Assistance Program, we are able to reach out to those in need of financial support so that they may benefit from all the Y has to offer.

Frequently Asked Questions About Financial Assistance

Who is eligible to receive financial assistance?

Individuals and families who show they are in need of financial assistance to help pay for their programs or memberships. Please Note: financial assistance for child care will not be offered unless both parents are employed. The applicant must reside in the Plainfield Area YMCA service area including: North Plainfield, Plainfield, South Plainfield, Dunellen, Watchung, Warren, Green Brook, and Piscataway.

How are Financial Assistance Awards determined?

The Y has a sliding fee scale based on total household income and number of dependents, which assists in determining the support amount. Repeat requests may result in less financial assistance awarded.

How long will the financial assistance continue?

The need for financial assistance will be reassessed every six months for memberships and programs. Please Note: financial assistance for membership begins the date acceptance letter is received. Child care applies only to the current school year. It is the applicant's responsibility to re-apply.

What is the responsibility of the scholarship recipient?

The YMCA expects that the recipient will make timely scheduled payments. It is our hope that participants will also volunteer whenever possible. Since our funds are limited and there are others in the community in need of financial assistance, we expect to be notified if you no longer need our support or are unable to use the services we provide.

How are scholarships funded?

The YMCA raises money through the ongoing work of volunteers and staff. Funds are available as a result of gifts received from individuals, corporations, foundations and through the Annual Support Campaign.

Return completed application form and all applicable documents to the Plainfield Area Y.
Plainfield YMCA, 518 Watchung Avenue, Plainfield, NJ 07060 908-756-6060

DOCUMENTS REQUIRED FOR APPLICATION

We require verification of your income and residence before we can offer you Financial Assistance. All information will remain confidential.

CHOOSE FROM A or B or C BELOW:

GROUP A

Provide all of the following documents:

- Most Recent Tax Return (1040 and W2).
- Last 2 paycheck stubs or last 2 unemployment stubs.
- Child support documentation if separated or divorce (if applicable).

GROUP B

One of the following documents:

- Current lease or property tax bill.
- Letter from Landlord. Letter must state location of residence and monthly rental amount and include landlord's name, address, and phone number.
- Copy of utility bill from previous month (phone, gas, electric).
- Copy of car insurance card (if applicable).

AND the following documents:

- Letter from current employer stating hours, wages and including employers contact information.
- Child support documentation if separated or divorced. (if applicable).

GROUP C

One of the following documents:

- Current lease or property tax bill.
- Letter from Landlord. Letter must state location of residence and monthly rental amount and include landlord's name, address, and phone number.
- Copy of utility bill from previous month (phone, gas, electric).
- Copy of car insurance card (if applicable).

AND one of the following documents:

- Copy of the letter of approval for free and reduced lunch from the Board of Education.
- Documentation that your family is a recipient of any of the following: food stamps, WIC, SSI, AFDC, etc.
- Personal reference verifying your particular situation.
- Letter from your church or agency verifying your situation.

AND the following documents:

- Verification of current income as it applies to your situation.
- Child support documentation if separated or divorced (if applicable).

We reserve the right to verify your information with employers, landlords, agencies and references.

FINANCIAL ASSISTANCE APPLICATION

Applicant Information: Adult (or parent/guardian if applicant is a youth)

Last Name _____ First Name _____ M F DOB _____

Street _____ City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

Email _____

If different - Participant's Name _____ DOB _____

I am applying for financial assistance for the following area:

___ Membership: Circle one Adult Family Teen Youth

___ Program: Please indicate which program _____

___ Child Care ___ Camp Other: _____

List family members noted as dependents for tax purposes:

Spouse (or other adult, if applicable) _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Employment Information: Please complete ALL information

Applicant (or parent/guardian of youth)

Employer's Name and Address

Address _____

Phone _____

Length of employment _____

Spouse (or other adult, if applicable)

Employer's Name and Address

Address _____

Phone _____

Length of employment _____

Monthly Income / Expense Worksheet

Applications will be processed only after all information is submitted and the application is filled out completely. Applicants may be asked to provide documentation to verify their expenses.

Income: Monthly Amounts only

\$ _____ Gross Monthly Income

\$ _____ Other Adult's Gross Monthly Income

\$ _____ Child Support

\$ _____ Social Security or Disability

\$ _____ Welfare (submit copy of card)

\$ _____ Food Stamps

\$ _____ Unemployment

\$ _____ Other (please explain)

Expenses: Monthly Amounts only

\$ _____ Rent / Mortgage (circle one)

\$ _____ Auto Loan (attach copy of insurance card)

\$ _____ Utilities

\$ _____ Phone (listed in your name)

\$ _____ Child Support

\$ _____ Medical

\$ _____ Child Care

\$ _____ Other (please explain)

Are there any extraordinary circumstances that should be taken into consideration when reviewing this application?

Are you interested in volunteering at the Y? ____ Yes ____ Not at this time

Signature _____ Date _____

For office use only

Date Received _____ Date of Award _____ Percent Awarded _____ Annual Income _____

Revised 3/25