

Ridgewood YMCA
MEMBERSHIP FOR ALL
Financial Assistance Application Form

Please complete in **full** this application, **attach all necessary documents** (photocopies only) and return to:
Megan Nayden, Ridgewood YMCA, 112 Oak Street, Ridgewood, NJ 07450-2596

Date of application: _____ Email address: _____

Name: _____ Home phone: _____

Address: _____ Cell phone: _____

City: _____ State: _____ Employer: _____

Zip Code: _____ DOB: _____ Phone #: _____

Marital status: _____ How long: _____

List names, ages and relationship of EVERYONE (related and not-related) living in household.

Spouse/Child(ren)s Name	Age	School/Employer	DOB
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This request is financial assistance is for:

Name: _____

Membership: Full _____ or Program Enrollment _____

Please indicate the total dollar amount you are able to contribute toward:

Membership / Program Enrollment Fee: _____ Circle: Annually or Monthly

Program per Session: _____



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Application must include if applicable, Internal Revenue Service Tax Statement (1040), your SSI allocation statement and any other documents from the list below to verify your annual earnings.

Also, a letter stating your reason for this request for financial assistance must accompany this application.

Your application will be returned to you unless all information is provided

Please itemize your annual income and expense items. Print N/A if not applicable.

Total Household Income:

- | | |
|--|----------|
| 1. Wage, salaries, and tips | \$ _____ |
| 2. Unemployment/Workmen's compensation | \$ _____ |
| 3. Social Security compensation | \$ _____ |
| 4. Aid to Dependent Children | \$ _____ |
| 5. Food Stamps | \$ _____ |
| 6. 401K/Retirement Funds | \$ _____ |
| 7. Alimony/Child Support | \$ _____ |
| 8. Public Assistance (see below)* | \$ _____ |
| 9. Other (explain) | \$ _____ |

Total 2024 anticipated income from all sources \$ _____

*Agency name: _____ Phone: _____

Caseworker name: _____ Extension: _____

Expenses:

- | | |
|----------------------------------|----------|
| 1. Monthly rent/mortgage payment | \$ _____ |
| 2. Medical | \$ _____ |
| 3. Alimony/Child Support | \$ _____ |
| 4. Other (Loans explain) | \$ _____ |

If monthly payment plans are scheduled, please indicate the total amount you are able to pay toward camp tuition.
\$ _____

Please initial once read and agreed upon:

_____ I hereby certify that the information provided in this application is complete and accurate.

_____ I hereby certify that I did file taxes or _____ I hereby certify that I do not file taxes.

_____ I understand that assistance is offered for tuition only and does not include specialty program options or pre and post care.

_____ **I understand that assistance is offered through donations to the Ridgewood YMCA.**

Print Name: _____

Signature: _____ Date: _____