



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SOMERSET COUNTY YMCA

FINANCIAL ASSISTANCE APPLICATION

SOMERSET COUNTY YMCA BRANCH

Bridgewater YMCA Hillsborough YMCA Somerville YMCA Somerset Hills YMCA

APPLICANT INFORMATION

Name: _____ Date of Birth: _____
Address: _____ City: _____
State & Zip Code: _____ Phone: _____
E-mail: _____ New or Renewal application: _____

SPOUSE/DOMESTIC PARTNER INFORMATION

Name: _____ Date of Birth: _____
E-mail: _____ Phone: _____

FINANCIAL ASSISTANCE REQUESTED

Programs Camp Preschool/Day Care School Age Child Care

Family Membership Youth Membership Young Adult Membership Senior Membership
 Single Parent Family Membership Adult Membership Teen Membership Senior Couple Membership

EMPLOYMENT INFORMATION

Applicant's Employer: _____
Employer's Address: _____ City: _____ State: _____
Employment Status: Full Time Part Time Self-employed Unemployed Disabled Retired
Work hours: _____ Is your Payroll: Weekly Biweekly Semimonthly Monthly
Spouse/Domestic Partner's Employer: _____
Employer's Address: _____ City: _____ State: _____
Employment Status: Full Time Part Time Self-employed Unemployed Disabled Retired
Work hours: _____ Is your Payroll: Weekly Biweekly Semimonthly Monthly



FAMILY INFORMATION

Marital Status: Single Married Separated Divorced Widowed

Number of adults: _____ Number of children: _____ Total family size: _____

Name: _____ Date of Birth: _____ Relation: _____

Name: _____ Date of Birth: _____ Relation: _____

Name: _____ Date of Birth: _____ Relation: _____

Name: _____ Date of Birth: _____ Relation: _____

Do you Rent or Own? _____ Monthly rent or mortgage? \$ _____ Paid by: Cash Check Money Order

Does anyone in the household have a Special Needs' Trust? Yes No

GROSS* TOTAL MONTHLY WAGES

Your Gross Monthly Income \$ _____

Spouse's Gross Monthly Income \$ _____

Business Income \$ _____

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

Unemployment \$ _____

Child Support Income \$ _____

Other Income \$ _____

Total Monthly Gross Income \$ _____

*Not Net.

The information listed on this form is correct and true. I understand Somerset County 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 Somerset County 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 supporting documentation to the appropriate branch:

BRIDGEWATER YMCA & SOMERVILLE YMCA

Attn: Eddie Norgard, Membership Director
2 Green St.,
Somerville, NJ 08876
(P) 908 722 4567
(E) enorgard@somersetcountyyymca.org

HILLSBOROUGH YMCA

Attn: Kim Cole, Executive Director
19 East Mountain Rd.,
Hillsborough, NJ 08844
(P) 908 369 0490
(E) kcole@somersetcountyyymca.org

SOMERSET HILLS YMCA

Attn: Beatriz Dominguez,
Financial Assistance Coordinator
140 Mt. Airy Rd., Basking Ridge, NJ 07920
(P) 908 766 7898
(E) financialassistance@somersetcountyyymca.org

