



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

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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: \_\_\_\_\_

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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: Irene Calabrese, Membership Director  
2 Green St.,  
Somerville, NJ 08876  
(P) 908 722 4567  
(E) icalabrese@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 x346  
(E) financialassistance@somersetcountyyymca.org

