



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SOMERSET COUNTY YMCA

## FINANCIAL ASSISTANCE APPLICATION

### SOMERSET COUNTY YMCA LOCATION

Bridgewater YMCA    Hillsborough YMCA    Somerville YMCA    Somerset Hills YMCA    Plainfield Programs

### 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 location:

**BRIDGEWATER YMCA & SOMERVILLE YMCA**

**Attn:** Eddie Norgard,  
Membership Director

2 Green St.,  
Somerville, NJ 08876  
908 722 4567

**enorgard@  
somersetcountyyymca.org**

**HILLSBOROUGH YMCA**

**Attn:** Kim Cole,  
Executive Director

19 East Mountain Rd.,  
Hillsborough, NJ 08844  
908 369 0490

**kcole@  
somersetcountyyymca.org**

**SOMERSET HILLS YMCA**

**Attn:** Beatriz Dominguez,  
Financial Assistance Coordinator

140 Mt. Airy Rd.,  
Basking Ridge, NJ 07920  
908 766 7898 x549

**financialassistance@  
somersetcountyyymca.org**

**PLAINFIELD PROGRAMS**

**Attn:** Kisha Belton Chubb,  
Community Development Director

140 Mt. Airy Rd.,  
Basking Ridge, NJ 07920  
908 766 5770 x202

**faplainfield@  
somersetcountyyymca.org**

