



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 as reported on the attached documents. Any deliberate misrepresentation will result in disqualification for assistance. 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

QUESTIONS?
We can help. Please contact your local branch listed below.